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NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT

OF THE

Surgeon-General, U. S. Navy

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

TO THE

SECRETARY OF THE NAVY

FOR THE FISCAL YEAR

1910

GOVERNMENT PRINTING OFFICE
WASHINGTON
1910

NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

C. 4.

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REPORT

OF THE

SURGEON-GENERAL, UNITED STATES NAVY.

Department of the Navy,
Bureau of Medicine and Surgery,
Washington, D. C., August 23, 1910.

Sir: Conformably to the instructions contained in the department's letter of July 28, 1910, the following annual report is submitted to cover the operations of the Bureau of Medicine and Surgery for the fiscal year ending June 30, 1910, and the health and sanitation of the Navy and Marine Corps for the calendar year 1909. Estimates for the regular annual appropriations for the fiscal year 1912 and a report of the condition of the hospital fund on June 30, 1910, are included.

For purposes of familiar reference and ready comparison with reports of former years, the sequence of subjects considered has been varied as little as possible. Without reverting to the custom of publishing annual reports in full with more or less editing, it has seemed proper to quote the words of observers who have had first-hand consideration of many special problems, in order that nothing may be lost by translating their ideas into expression by the bureau.

The comprehensive arguments favoring such legislation as has still failed of enactment have not been reiterated for the reason that they have all received the earnest support of the department and the bureau is sanguine that they will ultimately receive the consideration which their relative importance justifies.

In connection with the statistical tables, which have been slightly amplified this year, the bureau desires to emphasize the fact that its greatest present need is for a second statistical clerk, to be trained in the interpretation and correlating of returns, in order to correct and account for the many discrepancies which have long since been recognized but unavoidably allowed to remain unadjusted during the past ten years of the service's expansion through the lack of sufficient clerical force. The one clerk who has for many years compared and combined the statistical reports of the sick was hardly sufficient when the personnel, ships, and stations aggregated one-fifth their present number, and this division of the bureau has been additionally handicapped through the illness of another clerk, part of whose duties have devolved upon this statistical clerk.

Attention is invited to the closing page of last year's report, which argues the authorization of an additional clerk. The bureau feels justified by the few results of the new classification of distribution of disease in the personnel already attained in predicting the solution of many sanitary problems and consequent reduction of preventable affections if this need is promptly filled.

It is recommended that the bureau be freely consulted in planning for prospective cruises and expeditions, in order that it may give the department timely advice as to the sanitary features of these military movements and make proper provision for the care of the sick and wounded, as would undoubtedly be done in actual warfare.

So far as cruises, expeditions, and the activities of service could be expected to influence sanitation and the movement of disease and injury, the year 1909 in the navy might be considered to have approximated to an unusual degree the "average" or "normal" year.

The combined statistical tables for disease, injuries, invalidings from the service, and deaths for 1909 indicate a generally diminished damage ratio as compared with that of the previous year and the average of the previous ten years. The death rate of 5 per thousand is lower than has ever been previously recorded for the navy. That this improvement is not merely apparent on account of the separation of the sick days at Las Animas is shown by the fact that, if they are included for purposes of just comparison, the total admission ratio dropped from 725.36 for 1908 to 698.25, the ratio of daily average of patients from 29.10 to 28.52, the average number of sick days for each individual from 10.66 to 10.41, the ratio of total discharges from disability from 35.49 to 30.59, and the death rate from 5.76 to 5.002.

The total damage for disease alone in percentage of sick was 3.952, which, when compared with Medical Inspector Gatewood's ten-year tables, is found to be lower than for any year since the Spanish-American war. The grand total damage in percentage of sick for 1909 was 4.619 as compared with 5.218, the average computed in the above-mentioned ten-year tables.

That these ratios should continue to fall and gradually approach the minimum compatible with the service's inherent cosmopolitan environment is to be expected largely from the awakened sense of sanitary responsibility in the communities with which the personnel must come in contact. The results may also be especially attributed to the increasingly recognized functions of the medical department to prevent the occurrence of disability rather than to await its inception to attempt to effect the cure. The position of the sanitarians of the fleet is unmistakably advancing.

In general, from year to year the total damage from disease and injury appears proportionate to the increasing personnel and this feeling that conditions approximate the normal may blind us in certain instances to habitual and seemingly unnecessary losses. This seems particularly applicable to the larger number of drownings recorded each year, and while special diseases and accidents are discussed in the usual section, the means of prevention are in this case without the province of the medical department, yet of sufficient importance to merit early and special mention. It would appear that one of the first requirements to be insisted upon after enlistment of the recruit or appointment of the midshipman, commissioned or warrant officer should be the demonstrated ability to swim a substantial distance, say, 300 yards, and to sustain the head above water for fifteen minutes in the presence of a light breeze. An endurance and confidence such as will hardly be attained in a small tank would undoubtedly contribute to the saving of a considerable number of lives.

ESTIMATES.

Following the policy adopted by the bureau and approved by the department several years ago no estimates for appropriations by Congress for the construction or repair of naval hospitals have been submitted, and until other provision is made all expenses in connection with naval hospitals for new construction, enlargements, and necessary repairs will be provided from the Naval Hospital Fund. No appropriation under the title "Repairs, Medicine and Surgery" was made for the current fiscal year ending June 30, 1911, and no request has been made on Congress for an appropriation under that title for the fiscal year ending June 30, 1912.

Under the appropriation "Medical Department" an increase has been recommended from $315,000 for the fiscal year 1911 to $350,000 for the fiscal year 1912. The increase so recommended is greater than that recommended in the estimates of preceding fiscal years as the appropriations under this title for the fiscal years 1908, 1909, and 1910 have each required deficiency appropriations of $36,000, $17,000, and $40,000, respectively.

Under the appropriation "Contingent" an increase has been recommended from $76,500 for the fiscal year 1911 to $79,000 for the fiscal year 1912, and provision has been made in the text of the appropriation covering the necessary repairs at naval medical supply depots, the elimination of the appropriation "Repairs, Medicine and Surgery," leaving no specific provision for this work.

Under the appropriation "Transportation of Remains" an increase has been recommended from $10,000 for the fiscal year 1911 to $13,000 for the fiscal year 1912. This appropriation, formerly $15,000, was reduced by recommendation of the bureau in the fiscal year 1906 to $10,000. The latter amount has been found insufficient during the past two years, and the increase of $3,000 has been recommended to meet the increased expenses due to the larger naval personnel. This beneficent appropriation enables the department to bring home the remains of their dead to bereaved parents and widows too poor themselves to undertake the expense.

The Naval Hospital Fund was created, without appropriation, by an act establishing naval hospitals approved February 26, 1811. It draws its revenues from the naval service and not from appropriations by Congress. Section 4810 of the Revised Statutes authorizes the Secretary of the Navy to procure at suitable places sites for naval hospitals, and to erect necessary buildings and additions to buildings when the funds permit and circumstances require. During the past several years both of the conditions imposed by this statute have existed and new naval hospitals are being constructed at Portsmouth, N. H., Chelsea, Mass., and Newport, R. I., from the Naval Hospital Fund and without cost to the United States. At Portsmouth and at Chelsea the new buildings have been placed on parts of the naval reservation already in possession of the department, but at Newport a new site on the mainland opposite the naval station was secured by purchase, and condemnation proceedings have just been instituted for an additional plat of about 4½ acres. Unless the increment of the Naval Hospital Fund should be further diverted to other purposes than those contemplated in the laws creating it, it will probably be sufficient for the maintenance of an adequate hospital service in the navy without expense to the United States, but the bureau has to strongly recommend that the provision made in the naval act for the fiscal year 1910, approved March 3, 1909, diverting from the Naval Hospital Fund moneys for the transportation to their homes or places of enlistment of naval prisoners and for the purchase of suitable civilian clothing for the same be repealed, and that these expenses be made a charge against the United States under the appropriation "Transportation, Bureau of Navigation."

NAVAL HOSPITAL FUND.

The condition of this fund is as follows, viz:

Balance on hand July 1, 1909	$376,686.32
Transferred to credit since July 1, 1909	895,983.65
Total	1,272,669.97
Expended since July 1, 1909	1,258,779.21
Balance on hand June 30, 1910	13,890.76

The average cost of maintenance of naval as compared with civil hospitals for fiscal year 1909 appears as follows:

Average cost per day at naval hospitals without salaries	$1.49
Average cost per day at naval hospitals with salaries	2.32
Average cost per day at civil hospitals of the poorer class	1.17
Average cost per day at civil hospitals of the best class	2.50 to 3
Average daily cost for subsistence, naval hospitals	.478
Average daily cost for subsistence, civil hospitals	.35

A general analysis of the detailed figures for fiscal year 1909 showed that the daily cost for uncooked food is about one-third higher in naval than in civil hospitals, which is probably to be accounted for by the fact that naval hospitals have a much higher percentage of full-diet patients (convalescents). It appears, however, that the cost of maintenance of naval hospitals is considerably less than obtains in civil institutions, they having a considerably smaller number of employees at lower wages, and supplies, being obtained in large contract lots, are relatively cheaper. This lower maintenance figure, therefore, in a measure compensates for the higher subsistence figure and brings the daily cost of the two classes of institutions to within a small general variation. Where comparison is practicable by the similarity of other conditions, economy and efficiency seem more in evidence at those hospitals where pharmacists have been in charge of the commissary department.

Statement of cost of maintenance of United States naval hospitals for the fiscal year 1910.

	Portsmouth N. H.	Chelsea, Mass.	Newport, R. I.	New York, N. Y.	Philadelphia, Pa.	Washington, D. C.
Provisions	$8,937.67	$22,958.02	$17,453.70	$31,151.83	$14,129.75	$13,122.83
Ambulance service	114.00	1,131.72	736.78	848.68	874.36	....
Fuel, light, water	2,231.45	8,603.79	5,765.02	12,641.13	3,180.84	1,724.40
Medical supplies	1,603.94	6,741.89	4,816.44	9,032.92	3,578.98	651.88
Miscellaneous supplies	1,232.11	5,224.75	4,682.15	12,456.32	5,419.73	1,371.89
Total cost of maintenance	14,119.17	44,660.17	33,454.09	66,130.88	27,183.66	16,870.70
Sick days	7,923	36,792	25,292	36,811	11,127	2,389
Subsistence days, Hospital Corps	3,463	11,050	8,194	12,668	6,325	18,250
Subsistence days, Nurse Corps	....	....	....	....	....	....
Subsistence days, civilian employees	2,190	5,557	3,786	10,963	4,850	2,909
Subsistence days, marine guard	....	....	....	288	7	....
Total number of days subsistence	13,576	53,399	37,272	60,750	22,309	23,548
Average cost per diem for maintenance	$1.04	$0.83634	$0.89756	$1.088	$1.210	$0.716
Average cost per diem for subsistence	.65	.42993	.46827	.511	.633	.557

	Naval Medical School Hospital, Washington, D. C.	Annapolis, Md.	Norfolk, Va.	Port Royal, S. C.	Pensacola, Fla.	San Juan P. R.
Provisions	$28,260.14	$15,140.91	$40,686.03	$3,298.98	$2,843.40	$5,485.61
Ambulance service	6,458.38	548.10	6,555.02	....	271.40	622.07
Fuel, light, water	8,320.21	4,216.57	9,540.26	490.88	475.01	1,006.44
Medical supplies	5,733.09	5,962.75	13,208.89	2,138.92	156.73	633.10
Miscellaneous supplies	3,385.60	2,211.29	9,936.12	791.66	326.77	303.92
Total cost of maintenance	52,157.42	28,079.62	79,926.32	6,720.44	4,073.31	8,051.14
Sick days	25,815	10,116	52,570	3,073	983	3,054
Subsistence days, Hospital Corps	12,905	6,999	18,464	1,664	1,785	2,005
Subsistence days, Nurse Corps	....	....	....	....	....	....
Subsistence days, civilian employees	4,581	3,236	15,118	1,403	1,825	1,456
Subsistence days, marine guard	324	....	7,529	....	....	....
Total number of days subsistence	43,625	20,351	93,681	6,140	4.593	7,115
Average cost per diem for maintenance	$1.197	$1.379	$0.8531	$1.09	$0.8868	$1.131
Average cost per diem for subsistence	.647	.743	.4343	.53	.619	.7709

	Las Animas, Colo.	Mare Island, Cal.	Puget Sound, Wash.	Sitka, Alaska.	Canacao, P. I.	Yokohama, Japan.
Provisions	$72,359.40	$37,084.41	$10,947.93	$1,171.67	$21,048.87	$6,738.72
Ambulance service	2,826.64	1,479.20	....	....	963.64	31.49
Fuel, light, water	13,337.78	10,763.10	1,078.06	885.50	11,574.66	3,402.23
Medical supplies	2,981.12	10,614.91	5,671.07	867.74	14,898.62	1,124.91
Miscellaneous supplies	2,707.89	9,946.78	3,490.45	373.45	10,552.34	1,448.09
Total cost of maintenance	94,212.83	69,888.40	21,187.51	3,298.36	59.038.13	12,745.44
Sick days	64,310	55,492	16,686	422	23,819	4,706
Subsistence days, Hospital Corps	10,059	16,102	4,568	700	13,967	2,167
Subsistence days, Nurse Corps	....	228	....	....	....	....
Subsistence days, civilian employees	19,947	8,066	897	365	4.812	231
Subsistence days, marine guard	6,304	....	....	....	....	4,220
Total number of days subsistence	100,620	79,888	22,151	1,487	42,598	11,324
Average cost per diem for maintenance	$0.9363	$0.864	$0.95	$2.00	$1.38	$1.125
Average cost per diem for subsistence	.7191	.464	.49	.70	.494	.595

MEDICAL CORPS.

At the end of the fiscal year 1908, after the last of the six annual increases of 25 assistant surgeons became available by legislation, there were 53 vacancies in the regular corps. Since this time little progress has been made toward filling the corps for the evident reason that admission was, by departmental order on October 8, 1908, restricted to the grade of acting assistant surgeon, for which grade the compensation is but about one-half the pay and allowances provided for entrants to the army as first lieutenants in the Medical Reserve Corps. One year ago there were still 51 vacancies, and at the end of the fiscal year 1910 the number had been reduced only to 45. The failure of Congress to enact any one of the four measures which provided for equalizing the compensation of acting assistant and assistant surgeons made it imperative for the bureau to recommend the direct appointment of assistant surgeons from civil life and the elimination of the prescribed probationary period, which was authorized by the department on August 19. Instruction at the Naval Medical School will, however, of course be pursued, but following instead of preceding appointment to the regular corps. The delay which this practice has entailed in commissioning assistant surgeons will operate to the comparative disadvantage of these officers, who have averaged 27 years of age while attending the school. At the same time line officers receive their first commissions at the age of 24, and doubtless will soon receive them at the age of 22. It is believed that with the removal of this disadvantage and the assurance of promotion after definite periods of service in each grade, somewhat as contemplated in the proposed personnel act, better qualified applicants for appointment will respond in greater numbers. The same frailties of human nature and need for contentment on the part of officers of the Medical Corps are undoubtedly factors of importance to military efficiency, and the attainment of the same rank and pay at approximately the same ages as do officers of other corps is naturally sought by those who feel that their duties involve quite as much responsibility in their work as physicians and sanitarians.

The desirability of requiring at least one year's hospital service prior to appointment has, in common with other means of raising the standard, long been recognized, but it has not seemed wise to urge such requirement until recently, when it was authorized by the department in connection with the direct appointment of assistant surgeons. The extreme shortage of medical officers has been a source of much embarrassment during the past year. Efforts to have all examined for promotion as soon as due have been unavailing in many instances from lack of officers to relieve them from duty at sea or on foreign station. The Asiatic Station, as well as numerous shore stations beyond the seas, gradually demand an increased medical personnel, so that those sent out do not always relieve others who are due for examination. Officers are doubtless unanimous in believing that all should be examined, at least physically, by a legally competent board as soon as due for promotion, and the above considerations, together with the necessity of constantly having in mind the insufficiency of funds available for mileage, have made it imperative to establish additional examining boards at Mare Island and at Canacao. Certain hospitals and shore stations have almost habitually had an insufficient number of medical officers, and the service of eight passed assistant surgeons could hardly be spared for attendance for two months upon the spring course of instruction at the Naval Medical School. Few have been available for service at marine recruiting stations. The bureau has been unable to recommend the assignment of officers to many special duties which would enhance their military efficiency. The considerable number of officers required for service on hospital ships, isolated foreign stations with very small naval complement but large native populations, wi h marine detachments drawn in small groups from stations where they would have required no additional medical officer, at navy-yards in connection with the examination of sick or injured civil employees seeking the benefits of the indemnity act, and on duties not always strictly naval shows the possible fallacy of adhering perhaps too closely in years to come to a percentage based upon tonnage or upon the number of officers in the line. One year ago, and independently of the 420 medical officers which are contemplated for 1915 by the proposed personnel act, having in view solely the needs of existing and projected ships, stations, and hospitals, it was computed that 425 medical officers would be required. This number left no margin for those who might be sick, traveling from one duty to another, or on leave. The multiplication of duties for medical officers on shore stations must reduce the proportion of sea duty for a considerable number of officers, and the bureau has already begun to favor the reduction of cruises of surgeons to approximately two years, as officers in this grade are assumed to be in most need of the professional recuperation which shore duty usually accomplishes.

It has long been recognized that the paramount duty of medical officers at sea during peace times pertains to sanitation and the practice of preventive medicine, which do much to add to the fighting efficiency of the fleet, at the same time making preparations and planning for the diametrically opposite conditions that would confront these officers during actual warfare. In order that medical officers may be successful in combating and preventing disease, they must have duty at naval hospitals and in civil communities, where these diseases can be studied and the necessary measures scientifically planned. In these institutions, too, a knowledge of operative surgery, such as would be demanded of them during and after battle, can also be attained. Specialism along certain lines has been encouraged, and great satisfaction has followed the proficiency attained by officers in these special branches of medicine and surgery.

The shortage of officers has necessitated frequent transfers to duty where needs have been temporarily urgent, and the bureau has been enabled to recommend but little leave of absence. There has been a great and insistent demand upon the part of junior officers for professional duty in hospitals in preference to recruiting and other duties which they have not yet learned to recognize as pertaining to the profession of a medical officer in contradistinction to that of a physician in civil life. It seems to require a considerable number of years for officers to appreciate that a medical officer's rightful duties are manifold, and that administrative, executive, and recruiting activities are quite as much functions of the medical corps as are those of the sick room and clinical laboratory. The bureau's efforts to have as many officers as possible obtain hospital duty somewhat counteracts its policy of promoting contentment and reducing mileage by recommending as few transfers as possible.

In this connection it will be the aim of the present administration to develop specialists in hospital work from among those who exhibit particular adaptability in this direction; indeed, a continuance is contemplated of the encouragement to specialize in directions which the best interests of the service seem to dictate, but only with the distinct understanding that the acquirement of a specialty shall interfere in no way with the performance of any regular duty to which the officer may be assigned, nor prevent him from taking his turn at sea duty when the interests of the service demand. It has been well said that two groups of medical officers should have hospital duty, those whose earlier hospital experience will assure successful administration and those who still lack the experience to properly qualify them for the care of the sick; the same may be said of routine clinical laboratory work, but not so essentially of recruiting, the study of tropical medicine on foreign stations, and the higher specialties.

Throughout the last fiscal year candidates for admission to the Medical Corps were examined only for the grade of acting assistant surgeon with the exception of one ex-officer of that grade who failed to qualify for appointment as assistant surgeon after the course of instruction last year, and again failed this year after being given another opportunity. Of the 19 acting assistant surgeons, comprising the last winter class under instruction, 18 passed the final examination and were commissioned assistant surgeons, and one failed physically, causing the revocation of his acting appointment. Asst. Surg. A. B. Davidson was the honor man of the class, having attained a mark of 835 on his final examination. During the calendar year 1909 there were but 36 applicants for admission to the Medical Corps examined in Washington as compared with 90 during 1908.

In examinations for promotion to the next higher grade in the regular service, one surgeon failed physically after twenty-four years' active service, and was retired without the benefit of the promotion which an officer of the Army or Marine Corps would have received under the same circumstances. One passed assistant surgeon failed professionally, and one assistant surgeon who failed to qualify physically last year remains yet to be examined. Examination for the lower grades is theoretically designed to effect an early elimination of the unfit, but practically it results in a strain of questionable justification; the worry incident to examinations of all except the few who can contemplate the probabilities of outcome philosophically, is a source of considerable loss of efficiency to the service; it is common experience that the preparation for a largely theoretical examination interferes with the full performance of an interest in the officer's regular work, either on board ships or in hospitals, the desirability of a more practical test and judgment as to fitness for promotion is appreciated, and a change is likely to be advocated when a sufficient number of officers become available to render it feasible. Briefly, it has been proposed to have boards as recently organized at a large naval hospital on the Atlantic and Pacific coasts and Asiatic Station, but with one of the members a medical inspector, attached to the station, practically for various board duties only, who would devote much of his time to the examination of candidates for appointment and promotion; from two to five months, as may prove practicable, prior to the date upon which promotion is due, medical officers would be ordered to one of these hospitals for duty, and the major part of his examination would be the supervision and observation of the various routine duties to which he would be assigned; this would afford abundant opportunity to determine a candidate's general educational and professional qualifications, his ability to perform executive duty, handle enlisted men, look out for property and equipment, perform such surgical operations as may be properly entrusted to him, conduct the routine investigations in the laboratory, perform autopsies, undertake elementary but routine examinations of eyes and other special parts, and to prepare a set of the various returns and papers on such interesting cases as may be available with full access to text-books and medical journals.

Periodicals and text-books have been as liberally supplied to the officers of ships, stations, and hospitals as funds have allowed, to the end that they may be kept informed of medical progress, but it is assumed that officers will continue to subscribe for such special journals and books as their interest and judgment dictate. After such fairly constant observation in actual practical work the members of a board would be in much better position to certify as to the candidates' real fitness for the service, and no man of good practical attainments would have cause for apprehension over the outcome of his examination. Moreover, the occasional semi-genius with unusual capacity for memorizing text-book knowledge would be prompted to seek rather than avoid clinical work. All of the foregoing remarks in this section are pertinent to making duty in the Medical Corps sufficiently attractive to induce young graduates to apply for appointments.

ACTING ASSISTANT SURGEONS.

Under the conditions of low pay and no allowances, it has been impossible to obtain the number (25) allowed by law, since appointment to the service was restricted to this probationary grade, and practically its continuance shows few advantages. There has been a marked tendency for applicants of but mediocre attainments to make a passing mark of 650, while the better qualified ones who would readily achieve the mark of 750 (required for admission to the grade of assistant surgeon) have been deterred from the fact that they must render from six to eighteen months' service before their careers in the regular corps can begin.

It has not been deemed advisable to seek authority for requiring from appointees a pledge to serve for any stated period after receiving the course of instruction at the Naval Medical School; leniency in this matter has not been abused, and such a pledge might be expected to deter many desirable physicians from entering the service; after being assured that an assistant surgeon has definitely made up his mind to leave the service, even if he has performed but a few months of duty at sea, it would seem best, if practicable, to relieve him, for an officer retained against his will is not likely to render wholehearted service.

If there is any merit in the probationary period, the establishment of a Naval Medical Reserve Corps as recommended by the department should make service in this grade satisfactory to such as qualify on the four fundamental branches but fail to make the required mark of 750, and yet who show almost certain promise of qualifying after receiving the special instruction with other appointees. The Government would incur no expense other than mileage and pay while complying with orders to the Naval Medical School and in case of eventual failure to qualify, there would be no revocation of appointment to stigmatize a well-meaning applicant in his home clientele; the appointment would be continued and his services would be available and of undoubted value in time of war.

Table showing applicants examined for appointment as acting assistant surgeon in the navy from July 1, 1909, to June 30, 1910, place of examination, and result.

Where examined.	Total number examined	Qualified.	Rejected physically.	Rejected professionally.	Withdrew.
Washington, D. C	28	3	11	8	6
Mare Island, Cal	4		3		1
Philadelphia, Pa	21	7	6	1	7
New York, N. Y	10	3	4	3	
Chelsea, Mass	10	2	1		7
Total	73	15	25	12	21

NAVAL MEDICAL SCHOOL.

The work of this institution has undoubtedly continued to increase its effectiveness during the last year, notwithstanding the fact that the classes under instruction have been smaller. The winter class numbered 20, as compared with 39 for the previous year, and the spring class 8, as compared with 21 for 1909. It is hoped that the 45 vacancies in the corps may be filled within the next two or three years, so that the classes may again tax the capacity of the school. It might then be possible to assign regularly every officer in the grades of surgeon and passed assistant surgeon to a class of instruction every six years. Assistant surgeons, having had the instruction upon appointment, should be prepared, without any further course, for examination for promotion immediately upon completion of their first cruise. It is aimed to gradually develop a sufficient number of qualified instructors so that no individual officer's sea duty shall be interferred with and that opportunities shall meet the ambitions of a greater number. To supplement the valuable courses which Doctors Stiles and White have been giving since the present curiculum was established in 1902 and because the increasing demands of their routine work has precluded so much attention to this gratuitous instruction, two junior officers have been detailed as assistant instructors in medical zoology and psychiatry. A prospectus of courses has recently been compiled for publication for exchange with institutions and workers associated in similar activities.

All officers below the grade of medical inspector, with the exception of 27 surgeons and 1 passed assistant surgeon, have at some time had a course of naval medical and laboratory instruction, either at Brooklyn or Washington, and of the former grade all but 44 have received the benefits of the course at the Naval Medical School during the past eight years.

The laboratory work has been well systematized both for purposes of instruction and for the examination of material received from the naval personnel under treatment at hospitals, ships, and stations in and outside of Washington. Research work has been practically confined to the perfection of tests practicable for ships and distant stations lacking extensive equipment, the results of which have been published from time to time as original work in the Naval Medical Bulletin.

Owing to the lack of a teaching force independent of those whose energies have been fully occupied at the Naval Medical School Hospital, the latter institution has been a "school hospital" only in name, but during the last year a beginning has been made toward availing the school of the considerable clinical advantages which the hospital should afford. Classes for the hospital corps, stewards, female nurses, and the presence of the hospital corps training school should greatly enlarge the teaching scope of the institution.

One of the greatest present needs of the school is a collection of specimens for the teaching of gross pathology, and appeal has already been made to medical officers to forward material.

A large amount of additional work has been performed by the instructors in the hospital and dispensary, on various boards, reviewing foreign and domestic periodicals for the "Bulletin," furnishing manuscript for text-books and bureau publications, and giving lectures on tropical medicine and kindred subjects at the medical schools of New York, Philadelphia, Washington, and Michigan. One instructor has been detailed for attendance at the Naval War College and one for additional work at the Government Hospital for the Insane.

EDUCATIONAL ADVANTAGES OUTSIDE REGULAR NAVY WORK.

Medical officers have been enabled to undertake very interesting work, either by departmental designation or upon their own initiative, in connection with their routine duties; those at the Naval Medical School have profited by the proximity of the hygienic laboratory of the Public Health and Marine-Hospital Service, whose officers have always heartily cooperated by helpful suggestions in problems which are of common interest to the two services. The New York Post-Graduate Medical School has continued to admit officers with proper credentials to certain of its courses. As many officers as could possibly be spared have been permitted to prosecute studies in the medical centers of Europe while returning from the Asiatic Station, defraying their own additional travel and tuition expenses.

The great medical schools of this country have almost invariably extended courtesies to such officers as have been able to pursue studies in connection with their regular work. A number have familiarized themselves with eye affections while on recruiting duty by attending early morning and evening clinics, and thereby attained proficiency which should materially enhance the value of their services to the naval personnel in their future assignments. There is little danger of too many becoming adept in this line of work, although there are other fields, such as skin and dental diseases, to which special attention might be profitably directed. Medical practice in tropical countries continues to add, in some instances notably to the advance in knowledge of a branch of medicine which is rapidly developing recognition of its importance in this country. As a typical instance, the medical officers on duty in Samoa have demonstrated the high prevalence of hookworm among the native population and received the vigorous support of the governor, who promptly established a board of health and promulgated its regulations for the eradication of this infection. The medical officer in command of the Naval Hospital, Canacao, P. I., is an associate in tropical medicine at the Philippine Islands Medical School, and the senior medical officer at Olongapo, P. I., has been appointed presidente de sandidad for that city.

One officer has particularly directed attention to the desirability of surgeons availing themselves of the opportunity when crossing the continent of visiting for a week the Mayo clinics at Rochester, Minn. The work undertaken at the Naval Academy to determine developmental age of the midshipmen by the Rotch system of radiographic study of the bones of the wrist has been continued, with conclusions of considerable value to the service and great assistance in the study of the general subject. The fact that the interpretation of the radiographs in many notable instances coincide with the conclusions reached by the medical officer in charge of physical training would indicate that by this means physical strain might be anticipated and thereby guarded against. The medical officers in charge of the above investigations have recently made an exhaustive study of glasses to determine the tint and composition which will give the most effective visual stimulation and at the same time exclude the maximum of chemical or irritating rays. Similarly valuable investigation led to the solution of the problem of illumination of study rooms at the Naval Academy, the details of which were published in the Naval Medical Bulletin of last July.

Medical officers on the *Maryland* and *New York* have improvised X ray apparatus which have given excellent results supplementing the work of pioneers in the service along these lines; much ingenuity has also been shown in the electric temperature control of incubators for the culture of germs for purposes of diagnosis and vaccine treatment.

The following congresses and conferences, with two exceptions, were attended during the last fiscal year by the representatives designated from the Medical Corps of the Navy:

(a) International Commission for the Revision of the International Classification of Diseases and Causes of Death, Paris, July 1–3, 1909. Surg. F. L. Pleadwell.

(b) Eighth International Tuberculosis Conference, Stockholm, July 8–10, 1909. Medical Director J. C. Wise.

(c) Twelfth International Anti-Alcoholic Congress, London, July 18–24, 1909. Surg. F. L. Pleadwell.

(d) Second International Scientific Conference against Leprosy, Bergen, August 16–19, 1909. Medical Director J. C. Wise.

(e) American Pharmaceutical Association, Los Angeles, Cal., August 16–21, 1909. Pharmacist Oscar Ruge.

(f) Sixteenth International Medical Congress, Budapest, August 29–September 4, 1909. Medical Director J. C. Wise.

(g) Eighteenth Annual Meeting of Association of Military Surgeons of the United States, Washington, October 5–8, 1909. Medical Inspector L. W. Curtis and Surgs. G. A. Lung, M. F. Gates, and H. C. Holcomb.

(h) American Public Health Association, Richmond, Va., October 19–22, 1909. Surg. F. L. Pleadwell.

(i) Fourth International Sanitary Convention of American Republics, San Jose, Costa Rica, December 25, 1909–January 2, 1910. No delegate.

(j) International Medical Association of Mexico, Aguascalientes, Mexico, January 25–27, 1910. Surg. B. L. Wright.

(k) Special Conference on Medical Education and Legislation of American Medical Association, Chicago, Ill., February 28–March 2, 1910. Surg. L. L. von Wedekind.

(l) Third International Congress on Physiotherapy, Paris, March 29–April 2, 1910. No delegate.

(m) United States Pharmacopœial Convention, Washington, May 10–12, 1910. Medical Inspector H. G. Beyer, Surg. G. L. Angeny, and Pharmacist P. J. Waldner.

(n) California Pharmaceutical Association, San Francisco, May 17–21, 1910. Pharmacist Alrik Hammar.

(o) International American Congress of Medicine and Hygiene, and International Exposition of Hygiene, Buenos Aires, May 25, 1910. Surgs. F. C. Cook, M. K. Johnson, E. G. Parker, and G. F. Freeman.

(p) American Medical Association, St. Louis, June 7–10, 1910. Surg. J. C. Pryor and Passed Asst. Surg. W. H. Rennie.

(q) American Society of Tropical Medicine, St. Louis, June 11, 1910. Passed Asst. Surg. W. H. Rennie.

(r) American Public Health Association, Milwaukee, Wis., September 3–9, 1910. Surg. C. N. Fiske.

(s) American Hospital Association, St. Louis, Mo., September 20–23, 1910. Surg. A. W. Dunbar.

THE HOSPITAL CORPS.

Conditions in the Hospital Corps as regards numbers and effectiveness are practically the same as reported last year. The total number of men on July 1 was 1,111, divided as follows: Hospital stewards, 275; hospital apprentices, first class, 438, and hospital apprentices, 398. In general the work of the corps has been satisfactory, considering the limited experience which a large proportion has had in the peculiar duties involved in the care of the navy sick. The problem of the inexperienced man confronts this branch even more acutely than it does the service in general, and this retarding factor will not be corrected unless men who have been thoroughly trained can be induced to reenlist by the establishment of ratings for their advancement. The naval personnel measure now in Congress should remedy existing faults, and, as this legislation already has the department's earnest support, nothing remains but to await its enactment. The lack of suitable promotion for the hospital apprentice, first class, except to the rating of hospital steward, which means promotion from a third class to a chief petty officer, has resulted in a tendency on the part of medical officers to relax in the maintenance of a proper standard of professional fitness in this rating, the effect being that some hospital stewards are not as capable as they should be. An endeavor has been made to correct this tendency by requiring that all proceedings of examinations be forwarded to the bureau and by limiting promotions to fill vacancies only unless the man presents especially meritorious qualifications which warrant making an exception to the rule. Primarily hospital apprentices are detailed to hospitals for the purpose of gaining practical experience in the care of sick preliminary to service at sea, and their position therein is not to be considered as analogous to that of so-called "orderlies" in civil institutions.

The ever-increasing size of our ships, with a corresponding increase in the work thrown on the medical department and the introduction of venereal prophylactic measures, have all contributed toward a demand for more experienced men of this corps on board ship. The force is none too large and should be made up of trained men. Continued attention will be given to the matter of a proper interchange of duty whereby men will alternate more or less regularly between sea and shore, and special care will be exercised to guard against unduly long periods of shore service with the resulting disinclination for duty on board ship and the development of a distaste for their proper naval professional duties.

It has been the policy heretofore to assign raw recruits to naval hospitals and if they showed any aptitude for their special work the picked ones, in limited numbers, were sent to the hospital corps training school for a five months' course. Those recruits looked upon as not qualified to take the course were either sent to sea or were continued at hospitals in attendance on the sick. The weeding out of undesirables was thus done at hospitals or at sea and only a limited number of hospital apprentices received the benefits of the course at the school. This method led to unsatisfactory conditions which it is proposed to remedy.

After enlistment in future hospital apprentices will go direct to the training station for apprentice seamen at Newport, Norfolk, and San Francisco, and will receive the same training in every detail that is given apprentice seamen, except that when apprentice seamen are drilling with guns or at target practice hospital apprentices will be given the hospital corps drill and first-aid instruction. The undesirable can be weeded out at these stations. The hospital corps men will go to the fleet with the apprentice seamen and will be assigned to the medical departments of the various ships and to the hospital ship. Their instruction will be continued at sea and will be in accordance with the needs of the service afloat. At the end of a year these men will be sent to the naval hospitals, New York, Norfolk, Mare Island, and Canacao.

At these hospitals they will receive practical training in the care of the sick in the wards—at the bedside under the guidance of the female nurse corps. When this instruction is completed, if they pass the required examinations, they are returned to the fleet advanced to the next higher rating. This plan will teach all hospital corps men how to take care of themselves, it will give all hospital corps men instruction in first aid and hospital corps drills, including stretcher work and the handling of disabled individuals before they go to the fleet. They will also have been drilled in setting up and in military formations. The instruction in their special field of work will be continuous and universal from this time until the expiration of enlistment. It will give to the service an able and efficient body of men.

It is gratifying to report that the department's plan of assigning a hospital steward to each of the large destroyers has been a success, and the experience so far indicates that these men are doing good work and have demonstrated their usefulness as a part of the complement. It is believed that a hospital apprentice, first class, should be assigned to each of the smaller torpedo crafts, which opinion seems to be generally shared by the commanding officers of these vessels.

Pharmacists: During the year embraced by this report there have been two promotions to this grade from the rating of hospital steward. The policy of exacting a high standard of professional ability will be maintained with a view to building up an energetic and thoroughly capable force of pharmacists who may ultimately be depended upon to do such laboratory work as may be needed in the examination of foods and other chemical analyses, and the opportunity is here taken to state that in the future the professional exactions for promotion to this grade will keep pace with the general advancement of the work of the Medical Department.

HOSPITAL CORPS TRAINING SCHOOL.

During the year ending June 30, 1910, two classes were assembled at the Hospital Corps Training School; the eighteenth class on September 1 with 53 men and the nineteenth class on March 1 with 48 men. With the exception of a few who were eliminated on account of undesirability or inaptitude all were graduated and distributed to general service. The extension of the course to five months did not affect the character of the curriculum other than the addition of an elementary course in practical and theoretical pharmacy.

The change in methods of training recruits of the Hospital Corps, outlined in the preceding section, will obviate the necessity for maintenance of a separate establishment in Washington for this purpose when the present class graduates next January. In connection with the more advanced training for the Hospital Corps and to prepare them for advancement to the warrant grade, it is proposed to assemble at the Naval Medical School a small number of selected hospital stewards for instruction in chemistry and laboratory methods who in addition to their periods of instruction may serve as masters at arms.

NURSE CORPS (FEMALE).

The recruiting of women nurses has been very slow on account of efforts to obtain only those best qualified; the enactment of legislation for increased pay and allowances for the army nurses, which also applies to those of the navy, should render the position more attractive and ultimately bring the number up to the 200 needed. At the end of the fiscal year there were serving but 48 nurses and 5 chief nurses at the naval hospitals at Washington, New York, Norfolk, Mare Island and Annapolis. There have been but two resignations and no discharges. Up to the present all appointees have been first assigned to duty at the Naval Medical School Hospital for special instruction in matters peculiar to the service, but eventually another class will doubtless be formed on the Pacific coast. It has been the policy to assign a small number to each hospital to supplement but not supplant the work of hospital apprentices, who will profit by the methods of the women nurses and their wide professional experience; the services of hospital stewards will not be required to supervise nursing in the wards of hospitals, but only for office, sanitary, and disciplinary duties. It is not contemplated to assign women nurses to duty on hospital ships.

The medical officer in command of the Naval Medical School Hospital, reports as follows:

> The female nurse corps, which was organized and began its career in the navy in October, 1908, with this hospital as its central station, has been a gratifying success, and has amply proved that it was needed and that it has without doubt come to be a permanent adjunct to the Medical Department. Their arrival here speedily brought about a most gratifying improvement in the personal care of the sick, the preparation

and serving of diet, and in the hundred ways in which their presence and ministrations contribute to the daily cheerfulness and welfare of the sick.

It is also gratifying to observe the great benefit to the hospital apprentices who serve in the hospital under the daily object lesson instruction from the trained nurses. These young men thus acquire a practical training which they have never been able to do before, and they also learn gentler methods, more composed and quieter bearing at the bedside, and they will take some of this to sea with them, in no small degree raising and refining the standard of nursing on board ship.

DENTISTS FOR THE NAVY.

The department having recommended to Congress the enactment of legislation to provide for the appointment of dental surgeons to correspond in rank with the lower and intermediate grades in the Medical Corps and to be attached to the Medical Department with remarkably liberal and adequate provisions, and argument in favor of the establishment of a dental corps having been so fully covered in former reports, record is here simply made of dental work accomplished at certain stations in most instances by improvisation during the year 1909. These reports may be considered as cumulative evidence of the need already indicated.

At the Naval Academy, among 1,013 midshipmen, the following work was reported:

Visits		3,221
Alveolar abscess	cases	21
Bridges: (a) New, 13; (b) reset, 1		14
Crowns: (a) Gold, 72; (b) porcelain, 24; (c) reset, 12		108
Extracted: (a) Teeth, 29; (b) roots, 3		32
Fillings: (a) Gold, 172; (b) amalgam, 1,014; (c) cement, 138; (d) gutta-percha, 39; (e) porcelain, 85; (f) gold inlays, 41		1,489
Gingivitis: (a) Marginal, 6; (b) ulcerative	cases	6
Hypersensitive dentine	do	3
Necrosis: (a) Alveolar process, 1; (b) jaws	do	1
Pericementitis, or periodontitis, or inflammation of the peridental membrane	cases	41
Pulpitis	do	121
Pulps devitalized	do	35
Pulps removed	do	42
Pulpless teeth treated and filled	do	69
Pyorrhea alveolaris	do	3
Salivary deposits removed, and teeth polished	do	73
Painful eruption of third molars (wisdom teeth)	do	25
Treatment and correction of irregularities of teeth	do	9
Total number of operations		2,092
Number of patients (not counting visits for examination and consultation)		468
Average number of operations		4.4

The fleet surgeon of the Pacific Fleet reports as follows:

> Much dental work has been done on the ships of the squadron. For example, on the *Tennessee* from April 22 to August 28, 1909, 282 teeth were crowned and bridged, 108 devitalized, and 27 extracted; there were 219 gold fillings, 412 amalgam fillings, and 67 cement fillings. This work cost the crew $2,960 and represents only a part of what was desired, as a dentist could have been kept very busy for an additional number of months, but was unable to continue owing to the departure of the ship. The necessity for dental work on ships has long been recognized, and it is the opinion that the more closely this question is examined the more apparent the necessity becomes.

The fleet surgeon of the Asiatic Fleet made the following comment:

> The need of a dental surgeon at Olongapo and in the squadron is urgent. At the former place the hospital steward attached to the *Relief* did good work, but his enlistment having expired he was transferred to the United States, and should be replaced

by another. The large number of officers and their families, the large enlisted force, and the remoteness of this station render the necessity for a dentist self-evident. Before starting on the summer cruise a civilian dentist in Cavite was given permission to accompany the squadron. He was attached to the flagship, was quartered and messed with the junior officers, a convenient working place was assigned him on the gun deck, and he did excellent work. After the return of the squadron to Cavite the permission granted him was extended, and after the flagship left for Yokohama he went on board other ships remaining at Cavite, to complete necessary work. The following is a statement of work done by him while north, and he states that he has not been able to attend to the entire personnel:

Cases treated	355
Fillings (plastic, gold, and inlays)	1,004
Crowns (gold and porcelain)	204
Bridges	67
Extractions	93
Polishing	75
Alveolar abscesses treated	47
Dental pulps or nerves extirpated	116

His presence on board ship obviated the necessity of special arrangements for sending men ashore, special-money requisitions, solved the problem of "classed" men, reduced interference with ship's work and drills to a minimum, and induced many men to obtain dental aid who otherwise would not have done so.

The report from the Naval Training Station, Narragansett Bay, states:

As formerly, the care of cases presenting themselves for emergency and repair treatment take up nearly the entire time of the hospital steward doing dental duty; the routine inspection of the teeth of all apprentice seamen can not be carried out as fully as it should be. A summary of the work done during the year follows:

Teeth crowned	809
Teeth filled	625
Teeth cleaned	580
Teeth extracted	144
Teeth repaired	13

The senior medical officer of the *Minnesota,* whose junior medical officer is fortunately a graduate in dentistry, reported:

Excellent work in the dental department, especially in temporary preservation of the teeth, has been done by Asst. Surg. L. W. Johnson. In addition to the usual dental outfit supplied, dental supplies on requisition and the use of his own instruments have enabled him to do considerable work in this line, not only on this ship, but on many cases sent from other ships. He has used ethyl chlorid by the closed method as a general anæsthetic not only for the extraction of hopelessly decayed teeth, but in opening abscesses, the breaking up of adhesions around joints, and in other short minor operations. No untoward symptoms resulted from the administration of ethyl chlorid in any case. In the navy doubtless many teeth that can be temporarily filled are sacrificed for the relief of toothache.

From the navy-yard, Philadelphia, the report stated:

In the absence of the provision for dental surgeons for the navy a civilian dentist has continued to work at the barracks at stated hours. At my request he has submitted the following summary of work done during the year at the barracks. He also makes the pertinent suggestion that some suitable place should be arranged for dental work in the new barracks. At present he is obliged to work in the wash room, which is unsuitable.

Gold fillings	147
Silver amalgam fillings	397
Bridges (all kinds)	27
Gold crowns	43
Porcelain crowns	11
Porcelain fillings	33

Cases in general practice, such as extractions, treatments, pyorrhea, and case of implantation (result of baseball thrown being stopped by patient's face) I have kept no full record, but they are numerous.

On the receiving ship *Wabash*, at Boston, the following dental work was recorded:

Appointments made	1,191
Alveolar abscesses treated	47
Pyorrhea alveolaris (Rigg's disease)	20
Teeth extracted (worthless)	124
Pericementitis acuta	1
Fistula alveolaris	1
Syphilitic patients treated	12
Cement fillings	301
Amalgam fillings	217
Gutta percha (temporary treatments)	638
Gold fillings	34
Porcelain crowns	16
Gold crowns	96
Gold bridge work, teeth replaced	66

THE BUREAU.

The efficient organization by divisions, which was developed under my predecessor, has been continued, and it would seem that there remains little to be desired in the promptness and absence of duplication or interference with which business is transacted. The routine work of the bureau need not occupy space here, for the results of many of its activities are to be found under other sections. Should an additional clerk for statistics be authorized it will undoubtedly be found advantageous to separate the statistical and literary work from that of the record and pension division; the shortage of clerical force has been already referred to in the introduction to this report. A method for utilizing reports and returns to the greatest possible advantage has been evolved, but before this can be fully instituted another statistical clerk will be required to assist the officer in charge of that division in enhancing the accuracy of the sick returns and corresponding tables by conducting correspondence with view to correcting and readjusting diagnoses and sick days in the light of subsequent developments. It has long been recognized that there are certain statistical leaks which should be stopped or accounted for, such as sick days not formerly computed from sick leave, days of treatment in other than naval hospitals when not under observation of a naval medical officer rendering returns, sick days at hospitals for the insane, etc. These factors have been accounted for in so far as is at present possible at the foot of the table on page 158, showing the distribution of the navy's physical disability. It will be noted that the sick at the naval sanitarium for tuberculosis (Las Animas) have been removed from the regular statistical tables of the active force and classed with that of hospitals for the insane inasmuch as both practically represent an inactive force so far as concerns ability to render future service in the navy. At the same time the approximate extent of what might be considered theoretical error is now determined, and the extra sick days may be added to any column of personnel or to the sick days opposite tubercular or mental affections respectively in the consideration of total damage.

The elaboration and improvement of health statistics are here and elsewhere discussed in detail to show the importance of this kind of work; the successful detecting, locating, and solving of sanitary problems depend largely upon the accuracy and intelligent interpretation of the data obtained by the statistical division.

All annual and monthly sanitary reports from ships and stations have been extracted without delay and referred to the department or bureaus to which they pertained; prompt action has been obtained, many meritorious recommendations have received favorable consideration, and resulting improvements have been thereby expedited.

The growing necessity for a comprehensive individual health record to accompany each officer and man throughout his entire service in the Navy or Marine Corps, to be kept in the custody of the medical officer, has received the careful study of officers in charge of the record and pension and statistical divisions throughout the past year. The various records proposed by medical officers during the past eight years were carefully analyzed and such suggestions as seemed practicable and deserving of incorporation were combined in the record, which received the department's approval July 14, 1910, to go into operation January 1, 1911. A number of forms have been discontinued or so far simplified that the aggregate clerical work of the medical departments of ships and stations rendering returns will probably either be diminished or at least not increased.

The medical officer designated by the bureau to conduct sanitary inspections of the offices under the Navy Department submitted his report on December 21, 1909. His conclusions and certain observations upon overcrowding, which merit earnest consideration, are herewith extracted.

> It is very apparent that the offices under the different bureaus are overcrowded in nearly every instance. This subject is mentioned first as being of the most importance, for when such condition exists there is no system of ventilation that can be perfect, impure air being the result, and there is more liability to communication of disease * * *. Under "Ventilation" the amount of floor space that should be allowed for each person in a room is considered, the conclusion being that 100 and even 125 square feet is not thought excessive. In the case of the drafting rooms the question of light has to be considered, and much space is taken up by extensive tables and files, therefore, about 150 square feet is not thought excessive. On this basis charts were made giving the numbers of the different rooms, their square feet (floor area), the number of people now constantly employed in same and the number calculated as being about their capacity. The drafting rooms, in which the greater allowance is made, are numbers 2, 4, 182 to 188 (the Bureau of Construction and Repairs), 379 to 387 (Bureau of Steam Engineering), 361 (Bureau of Ordnance), 511 to 518 (Bureau of Yards and Docks, Mills Building). Those rooms which are occupied by the Secretary and Assistant Secretary of the the Navy, chiefs of the bureaus and their assistants, and a few others which are evidently not congested, have not been included. The area of a few have been omitted as they have been changed since the original plans of the building were made and their floor space not estimated.
>
> A summary of the rooms taken into account, whose floor area is known shows: 28,994 square feet are occupied constantly by 362 people with the calculated capacity for 239, being in excess of 123 or 33 per cent. Included in this are the drafting rooms with area of 7,234 square feet, occupied by 94 people with estimated capacity of 49 (an excess of 45, or 44 per cent.)
>
> The basement rooms have poor light, their ventilation is not good, and in general they are considered inefficient for office rooms, especially for the force that now occupies them. They would well serve the purpose of storerooms for cases of blank forms, old ledgers, file cases not constantly used, etc., with a small force only necessarily employed there.
>
> As the highest outlet for impure air in this building is the transom over the door and above the upper window sash when lowered, all space above this is so-called "dead space." In this space the warm air, made impure by breathing, collects, and, while not used constantly, still having no outlet, it must be brought into circulation again by currents caused by those moving about in a room and the natural mixture of gases. This statement is made in the belief that all space in height of the room above 10 feet should not be taken into account when calculating cubic space allowance and, therefore, in order to approach a standard at least 100 square feet of floor space should be allowed for each person. It should be taken into consideration that a

large amount of space in every room is taken up by desks, tables, files, bookcases, etc., so that when the basis 100 or even 125 square feet is assumed, it should not be thought unreasonable. The average [carbon dioxide content of 15 selected rooms] showed 8.84 parts CO_2 in 10,000 or 2.84 parts above impurity, a condition that speaks for itself.

SUMMARY OF RECOMMENDATIONS.

1. Relief of congestion by more space allotment, this, probably, being only possible by using another building.
2. Aiding ventilation by using some kind of window ventilators.
3. Improving the method of cleaning offices by some system which does not make use of a force on duty all day; or by using this force as at present, in conjunction with the work done thoroughly by another force under the office of the superintendent, this being considered the best.
4. Linoleum on floors in place of carpets.
5. Replacing present wood files and cases by metal ones as far as practicable.
6. Installing some form of drinking fountain in the several bureaus or using of individual drinking cups.

Attention to cleaning of coolers and handling of ice advised.

The quarterly Naval Medical Bulletin has now reached what is deemed a proper standard size; every consistent effort has been made by judicious selection from material offered to improve the quality of its contents by encouraging those officers of long practical but of little writing experience to contribute. It is not aimed to develop a medical journal but a medium for the prompt distribution and interpretation of the views and experiences of naval medical officers, so that much that is observed by individuals may be shared by all associated in our special lines of work. The dissemination of the various methods and results of experiences with venereal prophylaxis would alone have justified the publication expense of about $2,000 for the bulletin last year. The publication of original observations and research work is not intended for announcement to the world at large so much as to inform and stimulate similar interest among members of the Medical and Hospital corps; unusual clinical cases are not included for placing on record on account of rarity alone; with few exceptions manuscript is supposed to meet the requirements that the article, case report, review, or suggestion shall be deserving of the professional interest of a considerable number of officers. If the bulletin chances to find, as seems possible, a field outside the service, this fact must be considered as purely incidental; the sale to persons not deemed officially entitled to receive this periodical has been provided for by the Superintendent of Documents.

In connection with the rebuilding and renovation of naval hospitals a comprehensive bureau-inspection form was adopted a year ago. Full and accurate information is now at hand concerning the condition and administration of the more important hospitals on the Atlantic coast, and with the aid of these inspection reports it is proposed to promote so far as possible unification of hospital routine.

The board of inspection for shore stations contemplates using this form; the presence of a senior medical officer of long hospital experience on this board should make for practical, constructive criticism and the uniformity of administration contemplated.

The cordial cooperation of other bureaus in a common aim for the best interest of the service has contributed greatly to the efficiency of the work of the medical department on ships and stations; the concurrence of the Bureau of Navigation in recommendations for the detail of medical officers and members of the Hospital Corps is very important, particularly on account of the shortage of officers and the necessity of assigning or transferring each where his particular abilities count most; recommendations looking to improved sanitation on ships whether emanating from the ships or bureau have wherever practicable received the interested support of the Bureau of Construction and Repair, and the effective assistance of the Bureau of Yards and Docks in connection with hospital construction merits recognition.

RECRUITING.

The growing recognition of the importance of the examining surgeon's functions at recruiting stations has led to the assignment for this work, with but one or two unavoidable exceptions, of officers who have had the experience of at least one cruise to teach them practically the type of men likely to maintain physical efficiency. The fact that the shortage of officers of the corps has rendered it impossible to detail medical officers to the majority of marine recruiting stations has continued a matter of deep concern; and the unfavorable results under the present system are well illustrated by the relative number of recruits in the navy and marine corps surveyed for disability existing prior to enlistment, the percentage of loss being more than twice as great in the latter branch of the service; the actual figures were for the navy 472, and for the marine corps 238. The stations recruiting marines which furnished the greater number of such surveys were: Toledo, 41; Chicago, 24; Pittsburg, 23; Indianapolis, St. Louis, and Syracuse, each 12; and Cincinnati and Buffalo, each 10.

These 710 early losses to the service indicate either that certain present requirements should be rigidly adhered to despite the anxiety to obtain recruits, or that the physical standards should be raised rather than lowered as was done by reducing the required weight of apprentice seamen of 17 years from 115 to 110 in October, 1909. The expression "poor physique" occurring so frequently and the 25 cases of tuberculosis which became apparent so soon after enlistment are taken as justification of the above opinion.

In connection with the discharge of recruits for physical disability, the attention of officers is frequently called to a species of malingering which manifests itself by exaggeration of the importance of slight abnormalities upon the part of malcontents who undoubtedly occasion many surveys at training stations; at one of the stations this factor was largely eliminated by not permitting the recruits to learn of such defects as were not deemed sufficiently disqualifying to merit discharge, yet were noted upon verification of descriptive lists in order to protect the interest of the Government.

The publication in the Bulletin and other journals of case reports, notably of latent or potential insanity and cocaine habituation, has served to indicate to the service certain important disqualifications which recruiting officers should be careful to detect.

The following classification of physical disability for which recruits were recommended for discharge is submitted for further guidance:

Disabilities existing prior to enlistment for which men of the navy and Marine Corps were discharged during 1909 after less than four months' service.

Cause of discharge.	Number discharged.	Cause of discharge.	Number discharged
Abdominal pain	1	Inflammation of optic nerve	1
Acne	2	Intellect, defective	10
Appendicitis, chronic	1	Lymphadenitis	1
Asthma	3	Melancholia	4
Asthma and poor physique	1	Neuralgia, spinal	2
Bright's disease	3	Neurasthenia	4
Bronchitis:		Nose, chronic inflammation of	1
Chronic	15	Obesity	1
Chronic; poor physique	1	Orchitis	1
Catarrh:		Paranoia	1
Gastric	1	Paralysis of hand	1
Nasal	1	Poor physique	30
Chancroid	1	Poor physique and heart disease	1
Color blindness	12	Pterygium	2
Conjunctivitis	4	Rheumatism, chronic	9
Corns	3	Rheumatism and poor physique	1
Deafness and defective hearing	36	Rupture	48
Debility	1	Seasickness	1
Deformity	68	Spasmodic contraction of muscles	1
Dementia	13	Squint eye	1
Drug addiction (cocaine or morphine)	3	Stammering	3
Ears, diseases of	17	St. Vitus's dance	2
Enuresis	8	Synovitis	1
Epididymitis	1	Syphilis	18
Epilepsy	25	Teeth, defective	9
Flat feet	69	Testicle:	
Flat feet and syphilis	1	Enlarged	1
Glandular enlargement, general	3	Undescended	1
Goiter	1	Thrombosis	1
Goiter and heart palpitation	1	Thyroid gland enlarged	1
Goiter and varicocele	1	Tonsils enlarged	1
Gonorrhea	13	Tuberculosis of lungs	12
Gonorrheal rheumatism	3	Varicocele	15
Hemorrhoids	8	Varicocele and heart disease	1
Heart disease	128	Varicose veins	11
Hives	1	Varicose veins and heart disease	1
Hydrocele	1	Vision, defective	53
Hysteria	4	Yaws	1

The practice of transferring recruits from the seaman branch to the ratings of coal passer without physical examination to determine fitness to perform the arduous duties required in firerooms apparently reached considerable proportions during 1909, as is evidenced by the report of the surgeon of the *Nebraska*, who remarked:

I find on looking over the coal passers that there are 12 boys who are too small to perform their duties. The lightest of these boys weighs 113 pounds. Upon inquiry I find that at certain training stations volunteers for coal passers are obtained from among the boys undergoing training by offering the inducement of getting off the station at once if they change their rating to coal passer. Apparently no attention is paid to the size or weight of the boys and all are accepted who offer. This works an injury to the boys, as they are physically unable to perform the duties required by their rating. It also reduces the efficiency of the ship, as easy places must be made for them or 3 boys are put to do the work of 2 men.

The fleet surgeon of the Pacific Fleet in his annual report made the following observations on this important subject:

The fireroom force.—Since late in August or early in September (1909) the cruise of the armored cruiser squadron has been in great degree an engineering cruise. It was on September 5 that the first squadron of this fleet started a record run from San Francisco to Honolulu. The speed under natural draft was practically 18 knots and much of the run was made in quiet and warm weather.

Shortly before leaving, the ships received a number of coal passers who had been in the service but a short time and were thus, on the run to Honolulu, required without adequate training to perform the maximum work of the rating, length and rate of run and character of weather considered.

During the run there was considerable trouble in the engineer force on account of heat cramps, heat prostration, and general exhaustion. In that connection medical officers of several ships made reports either verbally or in writing and thus the subject came to be considered of sufficient importance to warrant the gathering of such information in relation to the physical qualities of coal passers as was readily available.

It appears that subsequent to the run there were 925 coal passers on the 8 ships that made the run and that 727, or 78.8 per cent, of those had been enlisted as apprentice seamen, a majority during the year. Fifty per cent of the 727 were at time of change of rating under the minimum age prescribed for coal passers and 184, or 50 per cent, of those were under 19 years of age. It was also determined that at time of enlistment 233, or 32 per cent, of the 727 coal passers were under the weight prescribed for height on enlistment as coal passer. As many of the enlistments had been recently made there were a majority of coal passers who were under age, many only 17 or 18 years of age, and a number under weight.

While this report does not relate to the service as a whole, these facts may be of general importance. At any rate in relation to this squadron of big ships, it appears that the physical standards prescribed for enlistment in the rating of coal passer have never been applied to the large majority holding that rating and that the efficiency of the engineer force would be greatly improved if men were obtained under those standards.

It does not appear that there is any physical examination for change of rating from apprentice seaman to coal passer, although enlistments in those ratings are made under instructions that differ greatly. It may be that the required number of men are not found to enlist as coal passers under present physical standards, the advantages offered not being sufficient. It may be that it is good policy to have all recruits receive certain instruction at the training station, but that if the physical standards now prescribed for coal passers were applied to volunteers for transfer to that rating the required number of men could not be obtained. The standards are not too high and therefore in either event the inducements offered would not be sufficient. But, however that may be, medical officers agree in the opinion that the rate of coal passer, more than any other rate, contains many who, from a physical point of view, should never have been given that rating and that minors 17 or 18 years of age are not only unsuitable from that point of view but with habits of life unformed may also be undesirable additions to the force below from other points of view.

Seeking analogy with an army, it may be said that the legs of a navy are in the coal bunkers of ships, and it is therefore submitted that while our navy is made up very largely of young men and is doing much good work, the present method of obtaining coal passers is worthy of additional consideration. It certainly seems almost useless to have special physical standards for coal passers that are not applied or utilized in the large majority of cases.

MEDICAL ASSISTANCE AVAILABLE IN A NATIONAL EMERGENCY.

This subject has been so fully discussed in recent annual reports and the need for a medical reserve corps for the navy was so ably argued by the department in communications to the last Congress that space need not be taken for reiterating the advantages which should follow the organization of such an auxiliary to the Medical Department; a subsidiary, but for the time being important, result of the establishment of a reserve corps for the army may be quoted from the Annual Report of the Surgeon-General of the Army for 1909:

> The distinguished physicians who head the Medical Reserve Corps have been a potent factor in this result (the increase in number of candidates commissioned in the Medical Corps from 10 to 29 in one year), many of them through the interest created by their being members of the army medical service interesting themselves in obtaining desirable candidates, principally from the medical schools and hospitals with which they are personally associated. In fact, if no other benefit resulted to the army from commissioning the leaders of the medical profession of the country in the medical reserve corps, it is safe to say that the desirable candidates obtained by and through them demonstrates the wisdom of such action.

The only notable international relief work accomplished during the year 1909 by the Medical and Hospital corps, aside from that at Messina and Adana, which was outlined in last year's report, was the establishment of an emergency hospital at Bluefields, Nicaragua, by the medical departments of the *Tacoma*, *Marietta* and *Des Moines* to care for the wounded of the Government and insurgent forces following the battle of Recreo, December 20, 1909. The medical officer of the *Marietta* also supervised the sanitation of the local camps. The medical officers reported treatment of 40 cases of wounded admitted to hospital and 85 not admitted and 104 operations with 8 deaths. Detailed reports of this work were published in the April number of the Naval Medical Bulletin.

PROMINENT HYGIENIC PROBLEMS OF THE SERVICE.

A casual glance at the statistical tables which indicate disability rates for the various diseases suffices to show that by far the greater part of this damage results from what progressive sanitarians have long recognized as preventable diseases, notably those known as contagious and venereal. Practically both of these classes of affections should be grouped with infectious diseases in general in that it should be our aim to eliminate all possible infections from entrants to the service and reduce to the minimum compatible with reasonable liberty all subsequent exposure. Some measure of success has been attained with contagious diseases, as will be found by comparing the tables for 1909 with those of 1908 and former years. Certain imperfections in the segregation of recruits at Newport and particularly at Norfolk have been corrected, while little improvement in conditions at San Francisco has been noted. Aside from the deplorably perennial typhoid problem at Norfolk, which the training station and barracks have been better enabled to control than have the visiting ships, venereal disease has resulted in a truly serious situation, there being over 100 primary admissions for this class of affections during the first quarter 1910, with an average complement of 1,881 (a yearly admission rate of 217 per thousand among young men who have but recently entered the service free from such disease). Venereal prophylaxis should be as consistently enforced at training stations as on board ships, where similar control has been so efficacious.

Physical training of the personnel.—If one were to judge from the sporadic and ill-concerted efforts which have been made to systematically improve the physique of the entire personnel one might conclude that the question of physical training had never been widely recognized as a problem worthy of intelligent and collective solution in our service. To be sure a routine largely perfunctory in character of "setting-up" exercises has been in vogue for some years, but no stretch of the imagination could attach the idea of "system" to its execution, and so far as the average commissioned or petty officer leader has known (or perhaps cared) the drill was carried out with no other end in view oftentimes than getting all hands on deck save the "excused," who usually need it most, to insure a few minutes of fresh air and expanded lungs.

Physical training, or the maintenance of a creditable physique of commissioned or warrant officers, attained during preparatory service at civil schools or at the Naval Academy, through or in spite of whatever gymnastic drill chanced to be in vogue, have until the last two years been left to the initiative of the officers, with results which have not been sufficiently analyzed to warrant dogmatic opinions. This *laissez faire* received a rude shock upon the publication of the executive order of January 4, 1909, which prescribed an annual physical test with supposed choice of three varieties, the accomplishment of which premised, but did not prescribe, a certain amount of preparation. Undoubtedly the service needed some such effectual awakening to appreciate its physical shortcomings not so much for the sake of increased efficiency of those of already molded and matured physique, but to insure some adequate provision for the younger officers, and through them for the enlisted recruits who will within a few years comprise the greater part of the personnel. The at once evident and inherent defects in this scheme were that no discrimination was made between the aged, the mature, and the young, favorable or inclement weather, on sea or shore duty, at home or in the Tropics; while the age, former habits, and condition of service restricted many if not the majority of officers to the walking test. These criticisms were generally met with the observation that the test was not designed to be one of real endurance, but represented the minimum requirements for any officer on the active list of whatever age or station. Practically the most manifest failing of the present test is that it requires a definite amount of work of an annoying rather than refreshing character to which the vital organs and musculature of most naval officers have not been adapted and to which the nature of their duties would never inure them.

The ability to accomplish the present test, in the opinion of many, is no criterion of capacity to perform any duty which military efficiency is likely to exact. The chief value of physical training in a naval service does not lie in the mere development of muscle nor even of endurance, but in the coordination of muscular power to carry out the direct or reflex will of the nervous system with alertness and precision. In the words of Commander Niblack the "physical confidence which, combined with physical energy, constitutes fighting spirit, which is sometimes called courage." It is difficult to believe that the ability to automatically extend each leg after the other for 50 miles in twenty hours during three consecutive days will promote the above-desired qualifications. Physiologists recognize generally that upon reaching maturity endurance depends more and more upon the sustained action of the heart and that the heart's chief assistance must come from the auxiliary and respiratory musculature of the chest and trunk to further the required flow of blood; hence attention should be directed to the proper exercise of the trunk musculature, which is favored more by the use of the arms than the legs.

After the first year of the physical test the consensus of opinion of medical officers seems to be that it has utterly failed to accomplish the design to encourage regular daily exercise; very few have observed any real benefits, considerable tangible harm has resulted, and many officers justly question the expediency of placing what amounts to a severe strain upon the heart when adequate preparation is not made mandatory. If the test is to be modified, undoubtedly less harm would be done by requiring one-half the distance in two-thirds and three-fourths the present time of fifteen and twenty hours, respectively, every three months. Temporary suspension of the test on account of tropical service or unfavorable weather conditions might well be made discretionary on the part of the senior officer present. The uncertainty of weather is a frequent source of worry and induces many officers to accomplish as much distance as possible during the first two days for fear of inclemency on the third, when common experience tells them that they are in better condition, barring sore feet, to make the greater distance on the third day. The bureau feels that in place of an irksome task for officers already developed in the service, without an adequate system of physical training, the present annual physical examination might well be continued and with it a dynamometer and blood-pressure test with which the examining surgeons would determine what groups of muscles, if any, required particular exercise and prescribe for the same definitely. All officers, unless excused for some temporary sufficient reason, should be required as part of his official duty to take a half day's recreation in the open air twice each week, and to certify at monthly intervals to the effect that the time has been utilized in some acceptable form of physical exercise and that the prescribed movements have been carried out.

For the younger officers and recruits whose bodies have not yet passed the moldable stage (25 years to state a definite age) undoubtedly the Swedish system of training as adopted for the British service is, as Surgeon Bell of the Royal Navy says, "the soundest system for the training of all-round physique that can be adopted by any nation." Selected medical and line officers should study the details of the system in Sweden and their adaptation to European armies and navies first hand, and without further delay impart their experience and teaching to the instructors and students of the Naval Academy, Naval Medical School, Marine Officers' School, and all other service schools, and should speedily develop a corps of petty officer instructors for the naval training stations and noncommissioned officers for the camps and barracks of the Marine Corps. At the larger stations there should be regular advisory supervision by medical officers specially trained in the indications and effects of the system until ultimately sufficient young men shall have become experts to insure the continuation of the work wherever our men are stationed on shipboard or in any part of the world. While the principles of the system are familiar to many of the service already and the details to a few their limited delineation here seems indicated.

The opportunity for inquiring more particularly into the application of the Swedish system presented itself during the present summer, and Surg. J. F. Leys, who was returning from his last station by the way of England, was requested to make an investigation. His observations are here quoted in part:

> As the sailing ships disappeared from the navy, to be replaced by steam-propelled vessels, it became more and more evident to the authorities that the sailor was deteriorating in physique, general activity, and nerve. This was believed to be due to the fact that the modern man-of-war does not offer facilities for training in these qualities as did the masts and yards of sailing ships, and with the disappearance of these latter from the service the need of a special system of physical training brought the present gymnastic department into being in 1902.
>
> Commander Watson, Royal Navy, was appointed as superintendent of gymnasia, and with him a staff of lieutenants, to formulate a scheme to regenerate the physique and activity of the sailor, Portsmouth being selected as the location of the central depot.

The first step taken by this officer was to study thoroughly all the existing gymnastic systems, French, German, Japanese, etc. He also went through a course of gymnastic training at Aldershot to acquaint himself with the methods employed in the British army. His preliminary investigations clearly showed him that none of these systems examined met the needs of the naval service. They all consisted merely of a collection of exercises based on no order or principle. Many of the exercises employed tended to distort the body rather than to develop it symmetrically. They were designed to cultivate certain postures or concerted movements or mere muscular strength, rather than to produce an active and elastic physique. These systems were therefore all rejected as giving no definite value for the time expended on them and containing many clearly undesirable features.

The attention of the commander superintendent was now directed to the Swedish system, and in 1905 he proceeded to Stockholm to study the subject on its own ground. There he found what was wanted—a system founded on a scientific basis, with a reason for every detail, suitable for the gradual physical education of young officers and men.

The creation of the Swedish system of gymnastics was the life work of Peter Henrik Ling, a Swedish poet and philosopher, born in 1776. In early life he met with adventures and reverses which affected both his health and his circumstances unfavorably. He fought against Nelson at Copenhagen. Returning to Sweden in 1800 he was taught fencing by some French refugees and soon became expert in the art. In this exercise his health was so benefited that the idea occurred to him that exercises systematically applied might be used for the cure of disease. He soon perceived that his idea had a large application and that a regular system of physical exercises should form part of the educational system of a nation.

Realizing that the selection of exercises to suit the human body and to produce definite physical results must be based on a complete knowledge of the construction and working of the body, he applied himself to the study of anatomy and physiology and the various movements of which the human body is capable. He examined all the known systems of physical training, both ancient and modern, and carried out many experiments on himself and others to find out exactly what effects certain movements had. After years of this preparatory work, he drew up a system of exercises, each of which had a special purpose and result. To his system he admitted no exercise for mere display, no acrobatic trick, no exercise whose effect could not be clearly shown.

For years his ideas were scorned, but his perseverance won at last, and in 1815 the Swedish Government, at his request, founded the Royal Gymnastic Institute, at Stockholm, for the training of both sexes in what has come to be known as the "Swedish system of gymnastics." Ling was in charge of the institute till his death in 1839, and his system, developed and perfected by his son and pupils, is the national system of Sweden. His present-day successor in charge of the Royal Central Gymnastic Institute at Stockholm is Prof. L. M. Torngren.

When it had been decided to adopt the Swedish system for the physical training of officers and men in the British navy, the superintendent realized that the work was so based upon anatomy and physiology that the assistance and advice of medical officers would be required in carrying it out properly. After Commander Watson had taken a course at Stockholm, Surgeon Bell was sent to Stockholm to take the course; and later, in 1907, a third officer, Lieut. Lockhart Leith. Each of these British officers spent about nine months under instruction at Stockholm. I am given to understand that the complete course in the Royal Central Gymnastic Institute covers about two years and begins with a course in human dissection covering several months.

Surgeon Bell and Lieutenant Leith, on their return from Stockholm, were assigned to the physical training staff at Portsmouth. At the request of the Dominion government, Surgeon Bell is now under orders to a tour of duty in the new Canadian navy in connection with physical training work.

GENERAL PRINCIPLES OF THE SWEDISH SYSTEM.

The system has three fundamental characteristics.

I. *The nature and intention of its exercises.*—Each exercise employed has a definite physical effect, and is practiced solely to produce that effect. The exercises are exactly defined as to form, because this is essential to the exact determination of their physical effects. An exercise comprises three distinct parts:

(a) The attitude from which the movement starts.
(b) The points through which it passes.
(c) The final position at which it ceases.

A large number of exercises, called "free standing exercises," are carried out without the use of any apparatus. As the pupils advance in the course, certain positions are obtained by the aid of a fixed apparatus, which supports or fixes certain points of the body, so as to bring about modifications in the exercises which the laws of gravity would otherwise render impossible. The apparatus is designed to admit of large numbers using it simultaneously, so preventing the loss of time, which is the usual accompaniment of old forms of apparatus used in gymnasia. Harmonious or equal development being a cardinal principle of the Swedish system, exercises are provided for every part of the body, producing many different and distinct effects. The exercises are divided into groups according to their most pronounced physical effects. Great attention is paid to the development of the chest and to the fact that the breathing should be free at all times. No exercise is applied merely for developing the muscles as such, so that no overstrain is produced. The qualities aimed at are suppleness and agility.

II. *The progression of the exercises.*—The exercises are arranged in a graduated progression, from simplest to hardest. Hence there are many exercises, for many intermediate steps are required. The necessity for this gradual progression is to avoid all strain and to enable the body gradually to acquire an ability to reach certain positions which ought to be possible to every healthy body, but which have been impossible to the untrained body.

III. *The arrangement of the exercises in the lesson.*—As a harmonious development of the whole body is to be obtained, every part of it must receive its due attention at each lesson. This system consequently exercises at every lesson each of the different groups of muscles. It has been proved that the efficiency of the exercises is increased if they are practiced in a certain definite order. The arrangement of the exercises for the daily lesson in this well-considered order constitutes what is known as a "table of exercises." The order is based on the effects of the exercises, care being taken not to let several movements that have the same effect follow each other.

The general arrangement of a table, as employed in the Physical Training School at Portsmouth, is on the following lines:

1. Leg exercise.
2. Span-bending exercise.
3. Heaving exercise.
4. Balance exercise.
5. Dorsal exercise.
6. Abdominal exercise.
7. Marching exercise.
8. Lateral exercise.
9. Jumping exercise.
10. Breathing exercise.

The Swedish authorities on the subject assert that if such a routine is arranged and properly carried out the effect is one of rest and refreshment and not of fatigue. The constant change of movement prevents monotony and makes the lesson recreative at the same time that the necessary discipline is preserved. Surgeons Bell and Hearn both testify from personal experience in going through the course themselves that this ideal is realized, and that this system of gymnastics makes a man feel alert and fit for anything in the shortest possible time. No attempt is made to require or enforce total abstinence from alcohol during the course, but either abstinence or strict temperance is strongly enjoined on every class at the outset, and is quite generally practised by all officers and men taking the course.

I am told that the Swedish system has been officially adopted by Norway, Denmark, Switzerland, and Belgium, is about to be adopted by Portugal, Chile, and Mexico, and has been introduced in the French army. The British army has taken it up; and during my stay I had opportunity on the evening of July 27 to witness a performance of some of the exercises of the system by squads of soldiers from some of the regiments stationed at Portsmouth.

It is the purpose of the physical-training school of the British navy, at Portsmouth, to continue the instruction of classes of officers and men so that they may in turn become instructors in physical training throughout the service, both ashore and afloat.

The course for enlisted men to qualify for this purpose covers a period of six months. Picked men, not below the rating of "leading seaman," young, and with first-class records in the service are detailed to the class, about 20 of them, every six months. They receive a careful and thorough instruction in the theory and practice of the Swedish system as arranged for the navy. Qualified officers personally take them through a "table" each day, showing the correct and incorrect positions of the various exercises, explaining the rationale of each position and movement. Systematic Swedish gymnastics are thus practised by the class for one hour in each forenoon. For another period of an hour, more or less, in the afternoon other exercises are practised which are classed as "outside branches," namely, boxing, catch-as-catch-can wrestling, jiu-jitsu, fencing, and club swinging, and bayonet exercises. These add great variety and interest to the course and qualify the members of the class when they go out to other stations and to the fleet as instructors to act as competent referees in such sports and to take a leading position among their comrades in athletic matters generally. Lectures are given throughout the course on the anatomy and physiology of bodily exercise by a qualified medical officer. The men learn the handling of a class and the methods of instruction themselves by taking turns at putting the class through certain "tables," and by being given charge of classes of ordinary seamen and boys from the barracks, under the supervision of a staff instructor. At the end of their course they are examined in all the subjects taught (as per form of marks, attached), those who are successful becoming instructors of physical training with rank as petty officers. Every three years, if possible, these men are required to requalify in a four-months' course. While in the service their qualification and requalification is noted on their enlistment records and governs in their detail and special pay. If they leave the service by honorable discharge at the end of an enlistment they receive a certificate of their qualification in the form which may be of use to them in obtaining similar positions in civil life.

Officers wishing to qualify for physical training are put through a four-months' course similar to that given the requalifying class of enlisted men. The average qualifying class consists of from 7 to 10 officers, being made up of naval and marine lieutenants and naval surgeons. The principles of the system are gone into somewhat more deeply than with the class of enlisted men. At the end of the course officers are examined and marked, and are given a certificate marked "first class" if they make 90 per cent of marks, and "second class" if they make from 70 to 90 per cent.

There is a short preliminary course for officers (lieutenants, surgeons, and marine officers), lasting two months, which is to be given to as many officers as possible in future. No officer is eligible for the four-months' qualifying course who has not had this preliminary course. Already all surgeons entering the service are put through this course in addition to their professional course at Haslar Hospital, near by, the gymnastic course occupying the last two months out of their six months of preliminary instruction at Haslar on entering the service. These medical classes of entering surgeons average about 15 twice yearly. This short course now given all entering medical officers qualifies them to some extent to act in an advisory capacity to the physical-training lieutenant aboard ship in questions arising in the work. This short course is not a qualifying course for officers, only a preliminary or elementary one.

The qualifying course of four months is given only to officers who have had this preliminary course of two months and who have shown aptitude for the work. No lieutenant is eligible for the qualifying course who has not served at least twelve months as a watch officer afloat, and no surgeon is eligible who has not served two years afloat. No officer is ever detailed to the qualifying class unless he is young, of active habits and athletic tastes and with all the qualifications that constitute aptitude, physical, mental, and moral. The average age of lieutenants and marine officers so detailed is 23 to 24 years, and of surgeons about 30 years. No lieutenant over 30 has ever been detailed, and no surgeon over 35. It is the intention of the admiralty that the qualified physical-training officers and men shall be, throughout the service, the "smartest" men in the ship.

The oncoming generations of young officers at Osborne and Dartmouth, and of boys at Shotley and elsewhere, will have had sufficient preliminary work in the system to make them eligible for the four months' qualifying course, if selected for it, without the two months' preliminary course at the physical-training school which is now required for others.

As to the results which the British naval authorities believe that they are obtaining from the adoption of the Swedish system of gymnastics, although the system has been used only about four years—since 1906—and records are as yet limited, and it is difficult to fix a basis of comparison between the present and the former state of things, official opinion is strongly favorable to the system. One matter of which record has been kept in the classes is chest expansion. The records of classes that have gone through the physical-training school show an average gain of 50 per cent in chest expansion in the course of the four-months' work. Many individuals gained 100 per cent.

The system when first introduced was received with skepticism, and its first representatives detailed for physical-training duties aboard ship often met with ridicule. Their aims and the principles of the system were entirely misunderstood. They were nicknamed "strong men" and "monkey men." The crew's time necessary for their work was grudgingly given. This first feeling has disappeared. Captains of ships and others now frequently bear unsolicited testimony that the new system is putting aboard ship a line of recruits superior to their predecessors. The men are alert, inspired with pride in their condition and appearance, and keep themselves "smart." The admiralty are well satisfied with the system so far, and propose to continue it along present lines with improved facilities and constantly enlarging scope.

There has just been completed at Portsmouth a new building for the physical-training school, at a cost of about $100,000. It contains a gymnasium hall about 50 by 200 feet, fully equipped with apparatus on the Swedish system, a swimming tank 30 by 80 feet, a lecture room, commodious offices for the superintendent and members of the staff, all necessary dressing rooms, lavatories, etc., for both officers and men.

The duties of the qualified medical officer on the staff of the school are, briefly:

(1) To be present at the school during the working hours every day, 9 to 11.40 a.m. and 1.30 to 3.30 p.m., except Saturday.

(2) To make physical examinations of the officers and men at the beginning and end of their course and keep a record.

(3) To watch the working of the system and its results.

(4) To make systematic examination of the circulatory system of each candidate during the different stages of the course and note the effect of the various exercises on the heart.

(5) To give lectures on the anatomy and physiology of exercise. Twenty-four lectures are given during the course, the class taking notes and being examined in the subject at the end. A papier-maché manikin is used for demonstrations.

(6) To advise the superintendent and instructors on questions in which medical knowledge is required. It will be readily understood that one can not pretend really to comprehend in a brief visit of observation and inquiry the details of a system for which a two-months' course is required to obtain a mere preliminary knowledge, and an additional four-months' course to obtain a qualifying knowledge. My own opinion of the apparent merits of the system must therefore be scarcely worth giving. Little as it may be worth, however, I must give it as altogether favorable.

The men in training go about the work in a brisk and smart manner, and show genuine interest in the performance of the exercises. The officers who have gone through the course testify to the benefit derived in their own cases, and are enthusiastic. The admiralty and the service at large seem to be most favorably impressed with results as far as they can be yet seen, and the time and care spent at the outset to find the right system creates a strong presumption in its favor.

Should it be decided to take up the Swedish system in the United States Navy, it would seem wise first to select, say, two junior lieutenants and one assistant surgeon, picking men of the right age, physique, and aptitude for the work and send them first to Stockholm for nine months; then endeavor to secure the permission of the British Admiralty for them to visit the Physical Training School at Portsmouth for a month to observe the adaptation of the Swedish system to a naval service. On their return to the United States they would constitute the qualified nucleus of a faculty for the prosecution of the work in our service. I am told that it is desirable to be at Stockholm by the 1st of October to begin a course. It would be desirable to notify such officers of their selection a sufficient length of time in advance of their departure for Stockholm, to enable them to get a rough working knowledge of the Swedish language. There would undoubtedly be no difficulty in arranging with the Swedish Government for their admission to the Royal Central Gymnastic Institute, which is a government institution, in which I am given to understand no fees are charged.

As connected more or less with the subject of physical training, I made inquiries as to physical tests or physical examinations of officers in the British navy as qualifying for promotion, and was surprised to learn that they have neither. An officer receives his first commission after physical and professional examination. He receives all his subsequent promotions, whether by seniority or selection, on his record, and without any examination whatever, either professional or physical.

It has perhaps not been sufficiently appreciated to what extent the life of the average enlisted man has changed during the last twenty years from the hardy work on deck to the indoor mechanical labor which demands close application rather than agility; the disregard of the laws of sanitation and physiology now tend to the predominance of an entirely different class of diseases. It is for this reason fitting that we should seek the experience and views of some officer now at sea who has been a keen observer under both the old conditions and the new. His proposition for gymnasia and facilities for out-of-door games should meet with hearty concurrence, although the bureau would deem it wise to insist upon the maximum of out-of-door recreation, even to the extent of having open-air gymnasia, consistent with weather and climate. A gymnasium with trained petty officer instructors is one of the most apparent desiderata for the convalescents of each large hospital. Medical Inspector Gatewood, in his annual report as fleet surgeon of the Pacific Fleet, made the following comment on physical tests:

Physical tests.—The chief object of the physical tests is stated in the order establishing them to be the cultivation of the habit of taking daily exercise. So far as personal observation goes, it does not appear that the officers of this fleet have taken exercise more regularly since General Order No. 6, January 4, 1909, was issued than was customary in the service. A few walks or rides may be taken before the tests. The tests themselves are of course designated to involve muscular work, but as usually taken from ships—the walk or bicycle ride—the effort becomes monotonous and, in lacking the pleasure one seeks in exercise, has ordinarily been made not only without enthusiasm, but also with some disinclination. There seems to be thus involved a disposition after taking the test to dismiss the entire subject from the mind as something disagreeable that will not require reconsideration for another year.

But just after the walk, for instance, there has appeared among many the natural inclination to express an opinion of the ease with which the work was done, and certainly a walk of 50 miles in twenty working hours does not appear in a general way to merit serious consideration. Yet, blistered and sore feet have not been uncommon and it is in the necessity to complete the walk under such circumstances and in the general monotony that is found the chief individual objections to the test. It is recognized that a man may be in good physical condition and yet, on account of some defect of shoe apparent only during the test or on account of feet not accustomed to that particular form of work, be less able to complete the walk than another in worse condition but whose feet are able to take the continued pounding incident to repeated tramps on a country road.

A naval officer's work afloat is often away from opportunities to engage with reasonable regularity in the form of exercise leading up to the tests required and general strength of body is not sufficient to prevent blistering or sore feet on a tramp, or the rub of a saddle during the 100 mile bicycle ride, especially the saddle of a hired bicycle which has been selected more or less at random.

As regular exercise leading up to the physical tests is not generally considered feasible and as such exercise on shore as is feasible is often considerably reduced by tropical cruising, there is a consideration of these tests, especially in their application to older men, that may be of no small importance.

Unusual physical work when beyond certain physiological limits is not beneficial to anyone. It has not been unusual for younger men, who perhaps have been in the Tropics for some time, to unduly show the effects of fatigue, and it is reasonable to think from a physiological point of view that under present conditions afloat the physical state of older men will in a general way be deteriorated by working the skeletal muscles beyond the power of the involuntary muscles to maintain coordination. Those same persons would be improved by regular exercise, but the tests represent unusual work not incident to their duties and their arteries are naturally losing elasticity on account of age just as the lens of the eye loses elasticity and necessitates the use of glasses by older men. In their cases irreparable results during or after a particular test would only be apparent very occasionally, but in the long run it is believed the tests, representing unusual effort, would be responsible under present service conditions afloat for more rapid deterioration.

Of course a naval service is not maintained in the interest of longevity and it may be contended that youth is too valuable an asset to be restricted by the older. Yet, one can recall that much of the highest work in our navy and in others, has been done by those who could not have been expected to carry out these tests.

Yet, while genius and physical strength are at least not in direct proportion and in naval life the same physical activity and endurance required in the lower grades has not been a prerequisite for the highest naval duties in later years, as a general proposition each person in the naval service should be in good physical condition. But these tests require as much from the older as from the younger, while, without the training leading up to them and by which the unusual becomes the usual, the older are apt to have their deterioration hastened. And after all it is the good physical condition that is desirable and not an endurance test. An endurance test may leave a person in a temporarily depressed physical state and a watch officer going on duty after such a test is for the time less able to perform his duties than he was before, especially if his feet are sore. Yet, in this fleet there has been no recognition of permanent injury or anything more lasting than the loss of toenails incident to pressure from improper shoes.

As the tests prescribed have not seemed so far to promote the habit of regular exercise in those officers on duty in ships and as there should be such a habit so far as service conditions permit, there is suggested the alternative of attempting to lead rather than to drive. The habit should be encouraged during the months the ships are at the navy-yards and once formed would tend to be influential during the periods away from the yards.

The service could maintain a golf course, a number of tennis courts, bowling alleys and the like at each navy-yard, or where it may be possible. An officer would then know when ordered to a ship that he could take clubs and racket not merely with the possibility of using them, but with the assurance of opportunity to use them during the months his ship is detained at naval stations and that, too, without the loss of time incident often to long travel from a navy-yard to some country club to which he may have good fortune to have access.

Commandants of navy-yards and commanding officers generally could be instructed to encourage such sports by taking part in them or by other methods. Tournaments could be provided for beginners and others not making progress. A percentage of experts would be evolved and competitive games arranged, even in a number of foreign ports. The ordinary paraphernalia would be much in evidence on each ship and it would readily be regarded as good form to leave the ship at a navy-yard for a round or two of golf or a few sets of tennis. There could be a naval country club house at which there would be that sort of general gathering in the afternoon conducive to the popularity of open-air exercises. And all these things would be encouragement that differs materially from physical tests that have appeared more to drive than persuade. And with the recognition of the pleasure and good from special exercises there would be a greater tendency to use apparatus on the ship, such as chest weights, that often could be located by the service in the officer's stateroom.

A golf player is a walker and a tennis player has educated feet; and walking can be made the best of all exercises. But an officer who states he has played on the usual links a certain number of holes at golf, say 1,000 more or less in a year when on shore duty and 500 when attached to a ship, could be regarded as having the habit of taking exercise and could thus be excused from physical tests designed to cultivate such habit; and a certain number of sets of tennis, a game suitable for persons under 40 years of age, could be regarded as equivalent, a physical examination to be made each year in any event. If, for satisfactory reasons the full number of holes or sets were not played, an adjustment could be made by the addition of a recognized equivalent in walking or riding.

Such a method would not test endurance but would test fixity of purpose. With the habit of exercise established a test of endurance may not be considered advisable. It is often a test of ability to endure pain or take punishment and in that respect a naval officer is not behind others in his race. And if the tests are considered a test of endurance they have been met, even under present conditions; the failures in this fleet have been very few and in younger men from injured feet as a rule.

The surgeon of the navy-yard, Boston, made the following adverse criticism of the present test:

About 75 officers have been examined at this office before and after the physical test. Very few were found to have diseases so serious as to prevent them from taking the test or from completing it. None returned from the test in such a bad condition as to warrant the board replying in the affirmative to the question, "Is there evidence of exhaustion?" Yet very few returned without evidences of being temporarily used up and of having undergone severe physical suffering. It is to most of the officers, especially those of middle age and over, a severe strain. I can not see any good purpose accomplished by the physical test. In so far as the claim made for it goes that it is for the benefit of the health of the officers, in my opinion it is distinctly injurious to a large number of the older men, who are forced to undergo a severe physical ordeal, entirely at variance with the routine of their lives. It puts such an unwonted strain upon them that they are liable to break down under it and suffer permanent injury to their health. I believe that it amounts to the infliction of a physical punishment upon men who are guilty of no offense other than that of being officers of the navy, and that in its present form it does not accomplish anything toward encouraging a more athletic life among the officers. I believe that it would be found in the case of many officers that the individual was unable to perform fully his regular duties for a longer time in the preparation for, in the taking of, and in the recovery from the test than he had ever been by sickness.

The medical officer on duty at the torpedo station, Newport, stated:

> The purpose of General Order No. 6, namely, to cultivate and inculcate the habit of frequent daily exercise on the part of all officers of the navy, is not generally and systematically observed at this station. The circumscribed limits of the island do not permit of horseback riding, bicycling, or walking; and in the winter season nightfall supervenes so soon after office hours as to render these pursuits not altogether agreeable or practicable. It is respectfully suggested that a gymnasium fitted with simple appliances, as, for example, bowling, medicine ball, etc., for the use of officers and men, with prescribed periods for exercise, would promote the purpose of the order and be conducive to the maintenance of physical efficiency.

Senior medical officers at Puget Sound and Portsmouth, N. H., observed "that the older officers completed the test with comparatively less difficulty than the younger officers," and "that the older officers, at its end, were in better condition than those younger." This can be explained by the fact that the older officers pay more attention to preparation for the tests by preliminary riding or walking. It has also been noted that some of the officers but little beyond middle age have found it necessary to plan their routes so that they may partake of frequent refreshment and receive occasional rub downs by members of the Hospital Corps; these luxuries would hardly obtain in expeditionary service and are not believed to have been contemplated in the order. Probably the most prevalent difficulty has been caused by ill-fitting or inappropriate footgear, which further experience should rectify.

The medical officer of the *Tacoma* reported from the point of view of a ship stationed in the Tropics where the military situation and cruising conditions precluded much shore going:

> From a general inspection of the officers attached to this ship, I do not think there are any who can not complete successfully one of the tests given in Navy Department General Order No. 6 of January 4, 1909.
>
> It is evident that these tests do not accomplish what they are supposed to do; that is, by constant exercise keep an officer in condition so that he will be able to do them at any time called on. Many officers are so situated that they are unable to obtain the time for this exercise, or to practice up if necessary.
>
> I do not think that officers should be called upon to do this test unless a favorable opportunity presents. Ships in tropical countries should be excused, as it is certainly antagonistic to the good health of any officer to compel these tests under the intense heat and frequent rainstorms and humidity of the Tropics.

From the report of the naval station, Culebra, the following is taken:

> The officers attached to this station complied with the executive order relative to taking the physical test. On the whole, the strain on the system was much more marked than that observed in officers who had taken the test in a cooler climate. Two of the officers suffered from heat exhaustion while taking the walking test. It is my opinion that some distinction should be made between the test required of officers taking it in the Tropics and in cooler latitudes. Then, too, officers in the Tropics should not be allowed to take the test except during the cooler months of the year.

Physical defects noted in examination preliminary to test.

Number taking.	Number not taking.	Defects noted.
6		Abrasio.
24		Albuminuria (1 complicated with varix; 1 complicated with varicocele).
	1	Ankylosis (partial).
1	1	Arteriosclerosis (1 complicated with hernia).
	1	Cartilaginis intra-artic (dislocatio).
1		Catarrhus gastricus acutus.
1		Cholelithiasis.
1		Constipatio (1 complicated with hemorrhois).
	1	Cordis dilatatio.
1	2	Cordis palpitatio.
19	6	Cordis valvularum morbus (1 complicated with hernia).
1		Cystitis.
3	1	Deformitas.
	2	Diabetes.
1	1	Dysenteria.
1		Emphysema.
1		Gonorrhea.
15	1	Hemorrhois (2 complicated with hernia; 2 complicated with pharyngitis; 1 complicated with constipatio).
1		Hepatitis suppurativa.
26	9	Hernia (2 complicated with hemorrhois; 1 complicated with tuberculosis; 1 complicated with varicocele; 1 complicated with albuminuria; 1 complicated with arteriosclerosis; 2 complicated with varix; 1 complicated with diabetes; 1 complicated with cordis valvularum morbus).
	2	Nephritis chronica.
	2	Neuralgia.
	2	Neurasthenia.
	1	Obstructio intestinalis (chronica).
1		Orchitis.
3	1	Pes planus (1 complicated with varicocele).
2		Pharyngitis (2 complicated with hemorrhois).
9		Relaxed inguinal rings.
4	7	Tuberculosis pneumonica (evidence) (1 complicated with hernia).
13	1	Varicocele (1 complicated with albuminuria; 1 complicated with pes planus; 2 complicated with hernia).
20	1	Varix (1 complicated with emphysema; 3 complicated with hernia; 1 complicated with albuminuria; 1 complicated with varix).
	2	Vertigo.

Unfavorable symptoms observed following test.

Number taking.	Symptom.	Number taking.	Symptom.
4	Albuminuria (trace).	1	Exhaustion and swelling of feet.
4	Albuminuria increased.	3	Heat exhaustion.
1	Aortic systolic cardiac murmur.	1	Intermittent pulse.
1	Cardiac murmur developed (temporary).	1	Irregular pulse.
1	Cardiac murmur increased.	1	Nausea and vomiting.
1	Descended hernia and prostration.	4	Weak pulse and exhaustion.

There yet remains to be considered the question of specialism and competition in athleticism, either on the part of individual or team contestants. Up to the present time no statistical study of longevity and period of active service of former athletes among naval officers has been made; a comparison of the service records of such officers as specialized in athleticism during the formative period of their lives with those of the average for each corresponding year of appointment to the service would seem to promise some assistance in declaring the medico-military aspects of athleticism. Basing opinion upon data obtained by investigators in this country and in Europe it is the prevailing belief of medical authorities that participation in the customary contests is not only unnecessary for the development of the best physique, but that the average man who is more rationally and evenly developed by conservative but recreative gymnastics without the undue enlargement of heart muscle which commonly follows specialism in football and rowing will live longer, be more resistant to disease and thereby be enabled to render more service.

The navy, the individual, and the civil community from which the prospective officer is appointed each can rightfully demand that if athletic contests are to be permitted, and particularly if they are to be encouraged by official dispensation and the moral support of thousands of spectators, the immediate danger to life and limb shall be reduced to a minimum which certainly has not yet been reached. The changes in the game of football have perhaps rendered it slightly less perilous, but in the main the following conclusions of Nichols and Smith of Harvard, reached after the 1905 season, still apply:

> The authors present the following conclusions: (1) The number, severity, and permanence of the injuries which are received in playing football are very much greater than generally is credited or believed; (2) the greater number of injuries come in the "pile" and not in the open plays, although serious injuries are received in the open; (3) the number of injuries is inherent in the game itself, and is not due especially to close competition, as is shown by the fact that the proportion of injuries received in games and in practice is about the same; (4) a large percentage of the injuries is unavoidable; (5) the percentage of injuries is incomparably greater in football than in any other of the major sports; (6) the game does not develop the best type of men physically, because too great prominence is given to weight without corresponding nervous energy; (7) constant medical supervision of the game where large numbers of men are engaged is a necessity and not a luxury, although it is a question if a game requiring the constant attendance of two trained surgeons is played under desirable conditions; (8) the percentage of injury is much too great for any mere sport; (9) leaving out all other objections to the game, ethical and practical, the conditions under which the game is played should be so modified as to diminish to a very great degree the number of injuries.

Competitive sports are, however, not compulsory, and after the minimum dangers and doubtful advantages have been pointed out by medical advisers and instructors in physical training, participation may still be left to the individual's decision even if his youthful judgment is somewhat discredited. The expression "once an athlete always an athlete" should be thoroughly impressed, for a heart given a large amount of work to perform increases in size as does any other muscle and when later comparative disuse occurs, degenerative changes may be expected with corresponding susceptibility to disease and failure to meet the unprepared-for service emergency.

It may be confidently contended that in any given group of midshipmen who have specialized in athletics at the Naval Academy and entered upon a career of comparatively restricted regular physical exercise an ultimately higher admission rate for tuberculosis will be found than among their confréres who in addition to the regular physical training satisfied their need for physical recreation in gymnastics, tennis, and other moderate exercises.

All conditions of modern ship life favor an entire change in the young officers' physical habits when they are assigned to their first sea duty after graduation, and those who have been the more athletic are quite as prone to abandon their exercise and adapt themselves to the less active environment; these men have more heart muscle and vital capacity to fall into disuse, and tubercular infection is less readily resisted, while within a few years a serious illness may find a degenerated heart muscle unable to withstand the strain.

Mental strain incident to student life does not require intense physical exercise—moderate physical recreation will far more readily relieve brain fatigue and restore mental vigor.

On August 15, 1910, it was found proper to address the following communication to the department:

> General Order No. 6 (Jan. 4, 1909) was intended to cultivate and inculcate "the habit of frequent daily exercise on the part of all officers of the navy." After eighteen months it has been plainly demonstrated that the objects sought for have not been attained. On the other hand much harm has been done the service through the enforcement of this order. Many officers of marked ability, perfectly able to perform efficiently the duties of their respective grades, have been physically damaged to the extent of rendering them unfit for duty, and in some instances life has been materially shortened.
>
> The importance of exercise intelligently modified to meet the physical conditions existing at the different periods of life is fully recognized and appreciated. Exercise should be moderate at first, continuous and progressive, and also under careful medical supervision. One of the most accomplished officers in the service, whose ability to perform his duty at sea in high command has been fully demonstrated and who now occupies one of the most important posts in the naval service, is suffering from dropsy, shortness of breath, and other complications associated with a dilated heart, which followed after taking the prescribed physical test.
>
> A test that is perfectly appropriate for the period between 20 and 30 years of age may be physically hazardous to individuals between 50 and 60 years of age, not only in some cases shortening life, but absolutely imperiling it. A test of this sort required to be engaged in but once annually is not destined to induce a habit of daily exercise on the part of officers.
>
> Such officers as are fortunate enough to have the means and leisure to indulge in horseback exercise, or golf at remote country clubs, habitually, have found little or no hardship in carrying out the test. There are also officers whose physical fitness makes the endurance test a matter of little concern to them, who, on the other hand, are in the doubtful class professionally. Then, too, there are officers many years of whose lives have been given to the promotion of the best interests of the service, who have spent long periods at sea, and while on shore have subjected themselves to the close confinement of exacting administrative duties, to whom the physical test is a matter of real anxiety, as it presents to them the probability in case of failure of hazarding their careers in the service or the possibility of permanently damaging or seriously imperilling their health. In other instances, the training necessary for properly preparing for the test and the actual time and effort required to carry it out have provoked a spirit of irritation and resentment which is not calculated to stimulate a pleasurable contemplation of regular physical exercise. It hardly seems fair to require senior officers serving in the Tropics to indulge in the same physical test as those who are serving in cooler climates and under more favorable conditions. There are on record at least 20 cases of officers whose health has been more or less seriously impaired and fully as many others of whom no official record has been obtained.
>
> General Order No. 6 provides that officers, preliminary to taking the physical test, shall be examined by a board of medical officers to determine their physical fitness to indulge in this test. The order further provides that in case they are found physically unfit to indulge in the tests they shall be ordered before a retiring board. In several instances it has been found that officers were considered unable to indulge in this test and they were accordingly ordered before retiring boards. In some cases these boards reported that the officers were physically fit to perform the duties of their respective grades, but not physically fit to indulge in the physical test. They have been excused from taking the test and are now on duty.
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> * * * * * * *
>
> Quite within the range of good health and the normal, come physical changes with advancing age, which in no way mar the efficiency to satisfactorily perform the duty to which an officer may be assigned with increasing years. The eyesight, for instance, for near vision begins to fail in middle life. Why not require a senior officer to read print without glasses at the near point assigned for the youth of 20? The great responsibilities are mental rather than physical with advancing years, and it is then that ripe judgment which can come only after long experience is the greatest asset. The physical features of the individual are positively secondary.
>
> In view of the foregoing, the bureau respectfully recommends that the physical test as now ordered be abolished, and if a stimulus to keep officers up physically be deemed necessary, have it so planned that it will not endanger life or cause invalidism, thus

removing from the service of the Government officers of signal worth, who, in all probability, would have been able to meet all the demands of war, and if unable to do so would have cheerfully accepted any consequences that might follow while serving their country in the manner for which they were trained.

The bureau suggests that an "exercise period" for physical betterment be required of all officers once each quarter. Before the period in the first quarter officers should appear before a board of medical officers who will determine upon their fitness to take this exercise and report upon their condition upon its completion. This physical examination should take place but once annually. Each officer would be required to walk 25 miles in two consecutive days, four consecutive hours being allowed for each day and the walk for each day not to be completed under three hours. This physical exercise is sufficient and often enough repeated to impress upon officers the advisability of acquiring the habit of walking, of taking proper care of their feet, and will serve to bring home to them the importance of selecting well-made and properly fitting shoes. It would, without doubt, be possible to pick out two days of good weather. The exercise might be begun, say at 2 o'clock in the afternoon and be completed by 6 o'clock. Officers would be inclined in preparation for these exercises to walk to and from their stations or places of duty. The suggested exercise is scarcely arduous enough to provoke resentment or cause irritation, and is quite as much as would be required of them in an expedition on shore with troops. In the Tropics and under other unfavorable conditions the senior officer, after consulting the senior medical officer, should be authorized to modify the exercise to suit the environment.

The bureau has in contemplation a system of physical training which, after adoption, will without doubt be indulged in pleasurably and with satisfactory results, and it will minimize whatever difficulties may be encountered in preparing for the suggested plan of exercise. It is believed that many officers of conspicuous ability will be saved to the service and their physical condition will be improved, whereas if the present physical test be continued, many of them will be lost to the service and possibly their lives shortened if not absolutely imperilled.

INSANITARY CONDITIONS PREVAILING FOR PERSONNEL OF SHIPS.

Undergoing repairs.—The department's attention is again invited to the need of barracks at the various yards of sufficient capacity to accommodate the crews of one or two ships which the present arrangement for home-yard repairs contemplates. The various arguments have been fully stated in the reports of this bureau for 1907, 1908, and 1909, and need not be repeated. Experience shows that contagious disease usually spreads while a ship is at the yard, the infection being received from exposure ashore or from recruits received from training stations. The training stations on the Atlantic coast have not been such great sources of contagion to the fleet as formerly for the reason that segregation has been more consistently enforced. The San Francisco Station has proven as infectious to the fleet as ever. The rational solution of the repair-yard problem would seem to be, wherever land is available, the development of extensive segregation barracks on the unit system of plain and as simple construction as climate will permit to replace receiving ships and furnish additional space for the personnel of ships undergoing repairs. Commissary, heating, lighting, and sanitary facilities would thus be continuously in operation from a common source. The type advocated by Rear-Admiral A. C. Dillingham, U. S. Navy, meets the indications very well. In this connection a disinfecting plant such as was installed at the Philadelphia yard a year ago should be provided for each repair station.

As the number of dry docks and ships requiring docking increase, references to the sanitary conveniences for the personnel occupy more space in reports with recommendations for extensive bathing and toilet facilities in permanent outbuildings. In the case of future docks it would appear to be a far less expensive solution of the problem and require less valuable space to install cisterns outside, with portable connections with the ship's scuppers through the sides of the dry dock. The sanitary arrangements for a thousand officers and men would thus not be interfered with. It is commonly noted that throughout the time in dry dock men are prone to neglect bathing and the calls of nature because of the distance from their work and inadequacy of sanitary arrangements. The contents of the cisterns could be pumped either into sewers or into the stream outside the caisson as local conditions dictated.

Clothing.—There have been but few complaints and suggestions from the point of view of sanitation of clothing of enlisted men, and these have been referred to the bureaus of Navigation and Supplies and Accounts.

One of the medical officers on duty with the 1909 "practice cruise" reported:

> The practice carried out by midshipmen of wearing each other's clothes should be discouraged.
>
> The undershirt worn by midshipmen on the cruise is not adapted to the working uniform, as it buttons up the front, the material, besides, being very thin.

There appears to be an increasing demand for some hat which will afford better protection for the head, eyes, and neck on ships and shore in the Tropics. The medical officer on duty for two years with the navy rifle team advocated the authorization of a more suitable uniform as follows:

> During the preliminary practice of the navy rifle squad last summer at Wakefield, Mass., the members of the squad were permitted to wear the marine campaign hat, khaki trousers, and a blue or white service blouse. In all matches, however, they were required to wear the regular navy uniform, by order of the department.
>
> Just as soon as the campaign hat was discarded for the white service cap the members of the squad began to exhibit symptoms due to lack of protection from the sun's rays. Headaches were of frequent occurrence, while nausea, loss of appetite, and symptoms of general prostration were not infrequent. The white service cap affords so little protection from the sun's rays as to be practically worthless.
>
> Blue uniforms are not suitable for the Tropics, and in more northern climes during the summer months they are too warm; they can not be washed when they become soiled or saturated with perspiration; they are too expensive. White uniforms are not suitable, for a man dressed in white is altogether too conspicuous an object in a hostile country; it is absolutely impossible to keep them clean or presentable in the field; they easily become saturated with perspiration during the heat of the day, and drying rapidly as they do in the evening are apt to cause chilling and discomfort, if not illness, to the wearer.
>
> I would suggest the following uniform for landing parties or for any special duty for men in the field and who have to live in tents: Khaki or olive drab breeches for the officers and trousers of the same material for the enlisted men. Khaki-colored or olive-drab woolen shirts with proper devices to indicate the rank or rate of the wearer. English flannel wrap puttees for the officers and brown canvas puttees for the enlisted men. These flannel puttees are cooler, lighter, and much more comfortable than the leather puttees.
>
> Tan shoes similar to those issued to the enlisted men in the Marine Corps would serve very well. For head gear I would suggest a modification of the marine campaign hat. The crown should be moderately high and ventilated at each side. The brim should be slightly wider, flat, and possess enough stiffness to retain its shape.

The superintendent of the Naval Academy stated that in his opinion "something should be done in this direction, and these recommendations appear worthy of trial."

For expeditionary and tropical service a color, such as drab, gray, or khaki, which would be practically indistinguishable from man-of-war exterior, earth, and vegetation, would seem to be indicated from a medico-military point of view, but the characteristic in which the sanitarian is most concerned is a washable material for practically every article of wearing apparel of men and service dress for officers. It is common knowledge that white uniforms worn for several days in the absence of laundry facilities show the accumulation of much dirt, and the amount acquired by the blue and usually unwashable garments may be readily conceived; to meet these ends simplicity in design and detachable insignia of rank would be contributory. If blue must be continued for cool climates undoubtedly a heavy dark "pongee" would fulfill requirements for tropical service far better, and if procurable from government stores with no greater expense than the present starch-impregnated white linen duck.

Smallpox and typhoid vaccination.—The epidemic diseases calling for particular mention here and discussed more fully in the following section are smallpox and typhoid fever, and it is fitting that they should be mentioned together, for the reason that vaccination, which has been so efficacious in the control of the former, promises important even if less certain protection to the military services from the latter disease.

One or more reports continue to be received each year, indicating that regulations have not been sufficient to insure the vaccination of every recruit and, if necessary, repeated vaccination with virus of assured potency. For this reason, and while the cases of smallpox which prevented the *Washington* from joining the special-service squadron at Buenos Ayres were still in mind, General Order No. 64 was issued to prohibit the transfer of any recruit of the Navy or Marine Corps from a training station, receiving ship, or barracks, or other rendezvous until he shows satisfactory evidence of having at some time been successfully vaccinated, the fact being noted on the health record. If further experience proves that this provision is still inadequate it will be necessary to require the vaccination of all recruits at the time of enlistment and the fact as part of the medical officer's certification upon the enlistment record.

The report of the *Cleveland* stated: "It was discovered that many of the crew had never been vaccinated, and some never successfully vaccinated."

The commander in chief of the United States Pacific Fleet under date of March 15 directed attention to—

> the record from the *Maryland*, which is as follows: (a) All officers and men vaccinated twice within last twelve months, the last time December, 1909; (b) Nevertheless, in February, 1910, there were 122 persons, or about 13 per cent of the complement, who did not show evidence of successful vaccination at any time; (c) those 122 persons when vaccinated last month furnished about 10 per cent of success, and the remainder have again been vaccinated.

English, German, and American military statistics and experiences point with increasing certainty to the advisability of adopting typhoid vaccination for the protection of persons likely to be exposed to infection, and inasmuch as the admission rate for typhoid fever is higher in our service than in the United States Army or in armies and navies of other nations who are taking an active interest in typhoid vaccination, further delay in urging its use on such stations as are shown by annual experience to suffer from the disease habitually rather than accidentally would indicate an indifference almost as culpable as characterizes the communities which convey the infection commercially to our visiting personnel. Further observations may properly be awaited before requiring compulsory vaccination of all officers and men, yet since any one may be exposed at some time the logical aim should be to eventually vaccinate all under the age of 30 who have not had the disease. Through the courtesy of the Surgeon-General of the United States Army, the bureau has been enabled to meet requests for vaccine during the present summer, where in the opinion of medical officers local endemicity urgently demanded the measure. During the month of June, 1910, 97 officers and men each received two doses of the vaccine at the naval station, Key West, Fla. As pointed out by Surgeon Butler in last year's report, a separate establishment for the safe manufacture of the vaccine would be required if the navy were to provide its own supply; however, there would appear to be no adequate reason for the duplication of such a plant as the army has in Washington, so long as its facilities are so liberally extended.

Venereal prophylaxis gradually achieved widespread recognition throughout the year 1909 as a measure legitimately designed to diminish the greatest damaging disease group from which the personnel suffers. An excellent beginning had been made on the Asiatic Station in 1908, so that the campaign was waged on the majority of the ships of that squadron during the four quarters of 1909, although the *Monterey, Rainbow,* and *Callao* were not included until the second quarter and the torpedo flotilla, *Wilmington, Villalobos,* and *Samar* did not fall into line until the third quarter, and the shore stations during the fourth quarter. For statistical purposes it might be deemed fortunate that a realization of the importance of admitting all cases was brought to the attention of every medical officer on blank forms before the prophylaxis became more universally adopted, for we are now shown for the first time, without resorting to ratios based upon the number of cases of syphilis or gonorrhœal rheumatism, directly from the returns that the primary admission rate (160.40) begins to approximate that of the army for 1908, which was 174.84. At any rate the prominence which preventive measures have given the subject seems to have relation to a fuller recording of cases, so that the apparent primary admission rate as shown by returns jumped from 91.81 in 1908 to 160.40 in 1909. The unreliability of the figures for 1908 are well indicated by the one case of gonorrhœa on a ship of the size of the *Cleveland,* while 51 were shown for 1909; similar divergence is shown by the reports from the *Helena, Wilmington, Villalobos,* and torpedo flotilla. A fairly consistent estimate might now be ventured that the true incidence of primary venereal infections is not far from 200 per 1,000.

Following the publication of the various methods and results attained on all types of ships in the Naval Medical Bulletin, the medical officers of the battle ships of the Atlantic Fleet are now enabled to attack the problem vigorously through the authority and support implied in a circular letter of the commander in chief to the commanding officers, dated May 22, 1910. That venereal prophylaxis is not likely to succeed on any ship or fleet in the absence of disciplinary measures for those who fail to comply was observed by Medical Inspector Diehl of the Asiatic Fleet, who stated:

> The cooperation and support of the commanding officer are, however, absolutely essential. Severe disciplinary action will soon reduce the percentage of those who fail to report, deny exposure, or conceal disease.

In the presence of an increasing admission rate for the entire service, due to the recording of a higher percentage of all cases, obviously the Asiatic Station should be the first one to systematically show the turning point toward a reduction from the increase of 60 per cent of 1909 over 1908. Happily, this turning point may already be indicated by a recent communication from Fleet Surgeon Diehl, as well as by the monthly summaries of reports on prophylaxis forwarded to the bureau:

The following tabulations, compiled from Forms K that are available, show the number of primary admissions at the stations and on board the ships on this station for the third and fourth quarters, 1909, and the first quarter, 1910. In the absence of an authorized fleet surgeon, Forms K were not filed during the first two quarters of 1909.

	Third quarter, 1909.	Fourth quarter, 1909.	First quarter, 1910.
Charleston	34	33	26
Chattanooga	9	12	10
Cleveland	22	8	18
Helena	28	35	31
Rainbow	24	10	7
Samar	3	5	1
Torpedo flotilla	25	5	15
Villalobos	10	24	8
Wilmington	22	26	15
Mohican	3	7	6
Arayat	1	0	0
Callao	2	4	3
Mindoro	1	0	3
Monterey	22	11	6
Paragua	0	3	1
Naval Station, Cavite	17	10	18
Naval Station, Olongapo	47	45	36
Total	270	238	204

The figures for the above 17 ships and stations (all from which reports were available at date of writing) show an approximate reduction of 20 per cent in admissions during the first quarter, 1910, as compared with the average of the third and fourth quarters of 1909.

Recent transfers and changes in the Hospital Corps and personnel generally will probably be a disturbing element in the scheme, and the results may not be as good as hoped for. The slightest relaxation in persistency and thoroughness makes an appreciable difference in the percentage of success, and constant effort will for some time be necessary to keep everyone interested in the scheme. The personal equation of the medical officer and his subordinates is an important factor, which fact I have endeavored to emphasize in my report. Of the great benefits of the prophylaxis there is no doubt, although it has so far been impossible to prove it by figures. Until we are absolutely certain that all cases are recorded and that disease is not concealed, no fair comparison can be made.

Of one fact I am positive. The cases of gonorrhœa and chancroid that occur on board the *Charleston*, in spite of prophylactic treatment, are attended less frequently by complications, and we have had quite a reduction in the number of cases of epididymitis and adenitis, and I think the same is true of other ships on this station.

The percentage of "denials of exposure" was 67.75. There has been a constant monthly increase of this percentage, and this, or what amounts to the same thing, a steady diminution of the number admitting exposure, may have some ethical significance. The prominence given to the question of venereal disease by commanding and medical officers, the talks on personal hygiene, the institution of the prophylactic scheme in itself have, in the writer's opinion, been beneficial by bringing the better class of men to a greater realization of the evils frequently resulting from exposure, and by stimulating a latent moral sense. In any event, there is no reason to think that a sense of security engendered by the scheme has caused any increase in indulgence. The claim that the scheme will cause a great number of concealments of disease has also been refuted on the *Charleston* by a recent examination of the entire crew, not a single case of concealed disease being found.

It may be predicted without extravagance that because other ships and shore stations, with certain praiseworthy exceptions, have assumed these activities approximately a year later than did the Asiatic Station the admission rate for the entire service will be very high for 1910, but that two years hence the rate shown for 1911 should unquestionably prove that the battle against the venereal peril is a decisive one.

SPECIAL DISEASES.

Appeal is made to all in authority to make at least a casual study of the vital statistics of the naval service, for the reason that there are few indeed who do not either directly or indirectly have it in their power to render material assistance in diminishing physical disability, which means increasing military efficiency. A considerable mass of statistical material of annually increasing reliability is offered upon which consideration by many is desirable for thorough and judicial interpretation, particularly in respect to the subjects of less apparent significance. With this in view Tables 2 to 7 have been amplified by a column to show the rates for primary venereal admission to show which ships and stations suffer most from this class of preventable affections and awaken the local response needed; the recruiting table on page 113 has been extended to declare the recruiting stations which furnish the highest proportionate number of physically undesirable recruits; Table 20 is continued to show the number and nature of infections and contagious diseases which prevailed on board ship; Tables 7, 9, and 11, and 8, 10, and 12 have been combined into Tables 17 and 18, respectively, to facilitate the determination of total case reports for disease groups and individual affections for the entire service, and finally, Table 19 has been compiled with months of painstaking labor to show at once in the order of their admission rates the prevalence of important disease and injury groups reported for each occupational division of the personnel and the total sick days and damage sustained with much greater thoroughness than has heretofore been attempted. As will be noted, 37,761 days of noneffectiveness are accounted for in addition to the 578,302 sick days shown by routine returns from ships and stations. Certain inaccuracies and leaks still persist which can not be entirely eliminated until the clerical force of the bureau is permanently increased by one or more men experienced in coordinating the 1,250 quarterly abstracts and statistical reports now received.

It is unfortunately evident, for example, that patients are frequently invalided from ships and distant stations to hospitals with diagnoses of pneumonia or typhoid fever, which should be tentative, only to have the diagnosis changed to meet the development of subsequent observations and yet the original admissions remain and improperly swell the number of cases of such diseases. A considerable number of incurable cases are unfortunately reported as "discharged to duty" for the purpose of change of diagnosis or transfer via another ship to a distant hospital for terminal disposition by discharge from the service or perhaps by death, and, more often than not, an officer is "discharged to duty" to go before a board for retirement. As intimated in a previous section it is designed to remove these inaccuracies by analyzing and following up all transfers of patients, by adding three disposition columns to the quarterly statistical reports, by obtaining, whenever possible, reports of cases treated in other than naval hospitals more comprehensive than the bills, which may not even state the number of sick days or the character of the disability treated. It is only by the complete and accurate accountability of the distribution, nature, and strength of our enemies to sanitation that we can hope to effectively and economically overcome them.

A logical sequence for the consideration of special diseases was undertaken in last year's report, and its method merits continuance for the present.

A. *Affections which depend upon probable predisposition.*—Three hundred and thirty cases of hernia disposed of during 1909 caused 12, 945 sick days and 63 discharges from the service, with a computed damage of 67 individuals noneffective throughout the year. The sick-day rate is approximately the same as for 1908, while the number of discharges was reduced just 40 per cent. Rupture occurring in individuals under middle age is doubtless almost invariably attributable to conditions existing prior to enlistment, and the cure of 439 cases out of 444 by operation with no consequent deaths during the last two years ought to justify compulsory operation in every instance in which there is no contraindication from age or concurrent constitutional disease; unfortunately there exists the precedent of judicial decision to the contrary.

The admissions and sick days for hemorrhoids and varicocele increased about 15 and 12 per cent, respectively, but invaliding from the service by reason of these disabilities diminished 47 per cent from the record of 1908. Evidently medical officers are approaching the view recently expressed by leading British observers that varicocele is seldom the physical disabling condition represented; while 100 per cent of cures may be registered in the navy following surgical operation because the wounds heal and the patients return to duty, if we are to reconcile the statistics of Barney for permanent relief of the mechanical defect, it must be with the conclusion that naval surgeons are peculiarly fortunate in relieving the psychic symptoms. Disability and invaliding for palpitation of the heart, which develops in about two recruits out of each thousand, maintained approximately the same ratio as for 1908.

Admissions for astigmatism, short and far sight comprising the chief congenital visual defects of the service nearly doubled those of the previous year, but that this is not due to greater prevalence or laxity in physical examination upon entry to the service is shown by the fact that the invalidings were reduced 19 per cent; the assumption is justified that the greater number of cases recorded is due to the exercise of greater care in refracting the less marked cases, particularly among the midshipmen at the Naval Academy, who, as will be noted in Table 19, furnished 30.8 per cent of all the eye affections of the service and in whom the admission rate was more than 21 times as high as the average for the entire service.

The prevalence of enlarged tonsils is scarcely shown by the tables, inasmuch as an unknown number of cases are returned as tonsillitis which are included under contagious diseases for purposes of discussion. Removal of tonsils is recorded 84 times as compared with 70 for 1908. There were but 4 invalidings for tonsillar disease, with 1 for the preceding year, which indicates that despite 3,462 admissions and 17,162 sick days, such disability is seldom considered as permanent.

The one pronounced physical defect which appears to be found more commonly among recruits than in former years is flatfoot, there being no less than 104 invalided from the service for that condition last year; this deformity is well known to be almost the rule among colored applicants and probably in their usual duties seldom gives rise to much disability; it is, however, quite a different matter among marines who manage to be reported as physically qualified by civilian examiners, particularly those whose stations are tributary to Philadelphia and Mare Island; many pronounced cases have been surveyed at both of these stations and the brigade surgeon recently on duty with the expeditionary forces in Central America found flatfoot among marines a serious disability in marching; this officer's report led to the issue of General Order No. 53, from Headquarters United States Marine Corps, the first three paragraphs of which should be of peculiar interest to all who have to do with marine recruits:

> 1. Of the expeditionary brigade sent to Panama and Nicaragua in December last, 8 enlisted men, within two months from the date of departure from the United States, had to be surveyed for flatfoot. Because of this condition they were unable to do ordinary guard duty and could not have accompanied their respective detachments on the march, nor have participated in any other arduous service that might have been required.
>
> 2. While the physical defect above mentioned should have been detected on examination for enlistment if it then existed, it is quite possible that it may have been acquired since enlistment, and it is evident that had the men concerned been required to engage in practice marches at their home stations said defect would have been discovered and men physically so deficient would not have been sent into the field.
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> 3. It is therefore directed that hereafter whenever practicable practice marches be held regularly at all posts, said marches to be of such frequency and the details of men therefor to be so made that each member of the command will participate in a practice march at least once in two weeks. The initial march shall be of such length as may, in the opinion of the commanding officer, be necessary; subsequent marches to be lengthened until the men become well "hardened."

Admissions and invalidings for epilepsy were about 30 per cent lower than for 1908. Sixty-three of the 79 admitted were discharged from the service during the year and in some of the others the diagnosis appeared to be incorrect or too uncertain to merit such disposition; the sick days numbered but 1,841 as compared with 3,096 for 1908.

Middle ear disease (with deafness), tuberculosis, and potential insanity are the three remaining conditions for the detection of which medical officers should be constantly alert; they receive more particular notice in the following pages.

Recommendation made in last year's report for the inclusion of denial of incontinence of urine, any previous attack of appendicitis, and family history of nervous or mental disease is again urged.

B. *Affections depending upon the environment of recruits.*—Table 19 indicates that contagious diseases are far more prevalent among those who have recently entered the service, apprentice seamen, midshipmen, marines, and coal passers: the admission rate has been materially reduced only for the more serious contagions, while for the group the rate increased from 112.88 per thousand for 1908 to 126.57 for 1909. The total damage in terms of individuals disabled throughout the year dropped, however, from 231.21 to 206.16. Diphtheria dropped from 88 to 29 cases, cerebro-spinal meningitis from 28 to 11; pneumonia from 302 to 205, epidemic catarrh (influenza) from 1,422 to 1,225, mumps from 1,092 to 961, and itch from 337 to 324 cases; the sick days due to itch were 16 per cent lower than for 1908. Measles showed a slight relative increase of 89 cases and scarlet fever of 12 cases over the figures for 1908. The admission rate for tonsillitis was 51.2 for 1908 and 61.2 for 1909.

As pointed out a year ago, the San Francisco Training Station continues to furnish a high admission rate (13.1) for pneumonia as compared with the two other training stations, Newport 7.4, and Norfolk 2.8; the admission rate for contagious diseases at San Francisco was 410 per thousand, the rate for Newport 245.9, while that for Norfolk was but 188.1. Inasmuch as the total damage from contagious diseases incurred by the active force of the navy is only exceeded by that of venereal diseases, and as these affections are most prevalent among recruits, the logical conclusion is that this damage should be reduced by the transfer of training stations to more healthful climates or social environment. The training station on the Pacific coast from both sanitary points of view should be located south of Point Concepcion. The chances of a naval recruit developing venereal disease seem to depend very largely upon the location of the training station to which he is sent. The admission rates for all venereal affections during the year 1909 were 75.6 per thousand at Newport, R. I., 124.4 at San Francisco, and 331.6 at Norfolk, Va., as compared with 199.2 for the entire service. Following representations made by the bureau, a system of instruction and voluntary prophylaxis has been established at San Francisco, with resulting decrease of 20 per cent in primary admissions, and at Norfolk the commanding officer of the training station stated, on April 20, in response to inquiry, that "a room is now being fitted out for the purpose, and when completed a system of compulsory prophylactic treatment will be inaugurated." Surgeon Stepp, who recently served as senior medical officer at the Norfolk Training Station and made recommendations upon which this work is undertaken, is of the opinion that the suggested transfer of the station to the site of the Jamestown Exposition would be of decided sanitary advantage.

The environment of Newport seems either to have been unusually good or uncommonly well guarded against, as reflected in disease statistics for the past year, and this may have compensated somewhat for the rigorous climate; there occurred but 14 cases of pneumonia at Newport as compared with 36 for 1908.

But 23 cases of tuberculosis developed at training stations during 1909 as compared with 33 for the previous year. Admissions for mumps were 1,392 in 1908 and 961 in 1909, while for the latter year the sick days were about 17 per cent fewer.

C. *Affections depending upon ship life.*—On board ship epidemic catarrh and acute bronchitis contributed but 1,189 admissions as compared with 1,337 for 1908, and the sick days were reduced from 7,498 to 5,517, although but 3 more patients were transferred to hospitals; influenza reached moderately epidemic proportions on the following ships, with the number of cases indicated: *Albany*, 23; *Connecticut*, 30; *Des Moines*, 28; *Galveston*, 31; *Montana*, 29; *Nebraska*, 45; *New Jersey*, 43; *Rhode Island*, 25; *Tennessee*, 85, and *Virginia*, 26.

Tonsillitis was more prevalent afloat, particularly on those ships not supplied with the bubbling spring terminals on drinking fountains; the department's order of April 15 to install this device on all ships of the Atlantic Fleet should effect a material reduction in disease traceable to transmission by the common drinking cup, which was practically never adequately disinfected by immersion in the tray of formaldehyde solution. Other contagious diseases occasioned but 720 admissions to sick list afloat as compared with 973 for 1908. Measles appeared in 37 cases on the *Buffalo*, 16 on the *Missouri*, 14 on the *New Jersey*, 18 on the *Pennsylvania*, and 11 on the *Tennessee*, the report from which states:

> As measles was prevalent among several ships of the fleet at Bremerton, by fleet order a general disinfection of bags and hammocks was made. On this vessel, in addition, the crew was inspected daily for the early signs of measles. The throats were examined; palates reddened or spotted, spots on buccal mucous membrane, lacrymation or sudden coryza were regarded as suspicious signs; if further examination showed pyrexia the case was isolated. If no fever was present the case was still considered suspicious and kept under observation, but not in isolation, for four days. It was found to be impossible to positively differentiate early signs, such as Koplik's spots, from other similar conditions of the mucous membranes, but it is interesting to note that, of the total cases occurring during the period in which the inspections were made—June 26 to July 14—but two were undiscovered before the eruption stage. These two were special duty men who were not subjected to the examination.

There were 10 cases of mumps on the *Albany*, 28 on the *Minnesota*, 17 on the *Montana*, 16 on the Pacific Torpedo Flotilla, and 34 on the *Virginia*. The *Missouri* was the only cruising ship to experience an epidemic of scarlet fever, 10 cases being reported. The senior medical officer showed in his annual report how the disease was stamped out without removing the crew or repairing to a quarantine station:

> The scarlatina appeared while the ship was at Boston in March. At that time Boston and vicinity was badly infected, and about three weeks prior to the appearance of the first case a draft of men had been received from Newport, but the infection could not be traced to them.
>
> When it was determined that a focus of infection had been established on board, the ship was quarantined, the men and the ship scrubbed, while their effects were disinfected, aired, and fumigated thoroughly and repeatedly. In about a month we were entirely rid of the infection with a total of 13 cases, counting those which developed on leave and those sent to hospital as suspects and diagnosed there. There were no deaths and no serious results.

The returns fail to show any epidemic of diphtheria or cerebrospinal meningitis on board ship, but one of the former diseases was just beginning on the *Louisiana* at the end of the year. The senior medical officer's report follows:

> The disease was introduced on board either by some ambulatory case which did not come to the notice of the medical officer or by one of the many cases of tonsillitis under treatment at that time, which was diphtheritic. The latter supposition is probably the correct one. There is also the possibility of its introduction by navy-yard workmen, as the ship was overrun with them, and it is known that diphtheria was prevalent in Portsmouth and Norfolk.
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> During the latter part of December several cases of tonsillitis were under treatment. They were clinically cases of follicular tonsillitis, and it was not until December 31 that any were at all suspicious of diphtheria. These two were immediately isolated and the following day were transferred to the naval hospital; they both proved to be diphtheria. On December 27 a case of fissure in ano was sent to the hospital, and on the evening of the day following his admission he developed a patch on tonsil, which

was cultured and incubated, and on the 31st showed diphtheria. He was admitted to the sick list of the ship on December 20, hence his infection occurred on board, and proves that some unknown focus had existed on board.

A total of 74 cases were transferred to the hospital as with tonsillitis and diphtheria. Of this number 50 were positive. The majority of the cases transferred presented clinically more the appearance of tonsillitis. Twenty-four of the 74 were tonsillitis, so we had to contend with a mixture of tonsillitis and diphtheria, and it was not easy to differentiate the two clinically. The greater number of diphtheria infections were from a mild strain; 34 showed positive clinical signs, 18 of which were marked. The disease did not confine itself to any particular part of the ship or any one mess. It was very general in its manifestations; 1 case developed in the junior officers' mess. It was more a personal infection than a ship infection.

On January 4 energetic measures were adopted. The crew was mustered daily at 9 a. m., and throat inspections made; any cases presenting the clinical signs of diphtheria were immediately sent to hospital. All whose throats showed an inflammatory condition or were at all suspicious were immediately isolated and cultures made and examined in twelve hours. Previous to the installation of an incubator on board this work was done at the hospital laboratory. The isolation ward and sick bay were used for isolating these cases, and when the number outgrew these accommodations one of the 8-inch passageways was used for the purpose. A sentry was placed at the scuttle-butt with instructions to see that the drinking cups were kept in the formaldehyde solution. All spit kits were thoroughly cleansed thrice daily and rinsed with mercuric chloride solution 1–1,000, and a small amount of this solution allowed to remain therein. Particular attention was paid to mess gear, especially knives, forks, and spoons, which, after using, were placed in scalding hot water and thoroughly cleansed. A large quantity of Dobell's solution was continually at hand, and the men instructed to use this frequently during the day as a gargle.

On January 7 the commandant placed the ship in strict quarantine. There were absolutely no personal communication with the outside. This, of course, necessitated the discontinuance of all work on the ship. A large box was constructed and in this all outgoing mail was disinfected with formalin. A part of the dock abreast the ship was roped off, thus giving a spacious area for recreation and exercise. Baseball, football, basketball, and boat-races were encouraged, thus keeping the men in the open and giving them an abundance of fresh air. A systematic disinfection of the ship, as far as could be done with men on board, was begun. Compartments which could be closed and permitted the use of formaldehyde gas were disinfected in this way. With the men living on the ship this could be done only over a very small part of the ship. We had to be content with the repeated scrubbing of all paintwork with mercuric chloride (1–2,000) solution. Bedding was placed in the 8-inch passageways and the two 12-inch handling rooms, these places sealed and exposed to the formaldehyde gas for twelve hours. Clean hammocks were afterwards served out and the soiled ones scrubbed. Bedding was aired as part of the daily routine. All clothing was disinfected with formaldehyde gas. The compartments above designated for the disinfection of bedding were used for this purpose. A division with its bags was marched below, the bags emptied, the clothing sealed and allowed to remain closed for twelve hours. On opening up the men were again mustered and marched below. They then removed all the clothing which they wore; this was triced up, and they dressed themselves in clean sterilized clothing. In this way every bit of clothing of the entire ship's personnel was gone over. The showers in the crew's washroom were connected with a steam lead and thus the men had ample opportunity for bathing, which I am glad to say they availed themselves of frequently.

Formaldehyde gas was generated by potassium permanganate and formalin solution 40 per cent, 100 grams of the former and 500 c. c. of the latter to each 1,000 cubic feet of space.

The infection, as before stated, was not so much one of the ship as a personal one, and our salvation was having a hospital under our lee to which immediate transfer of suspicious cases could be made. In coping with such a disease as diphtheria on shore the three-camp system can be inaugurated, but obviously this is wholly impossible on a ship with a complement of 900. The only hope is the immediate eradication of any focus. The last cases appeared on January 13, and after eight days without the development of any we were released from quarantine.

There was hearty cooperation on the part of officers and men. Sick call was held three times a day, and the men voluntarily came to the medical officer if there was the slightest suggestion of sore throat. Inspection was continued for ten days after the appearance of the last case, and any case of inflamed throat was immediately cultured and incubated. The throat inspection showed a large number of throats chronically inflamed and many cases of enlarged tonsils which will require excision

Immunization.—Each member of the entire ship's personnel was given an immunizing dose of 500 units of antitoxin. It was supplied in tubes containing 2,000 units. The method was as follows: The belly was chosen as the point of injection, the area thoroughly cleansed with soap and water, the soap removed with sterile water and a thin coating of iodine painted over part through which the needle was introduced, the point of puncture then sealed with gauze and collodion. The serum being supplied in tubes of 2,000 units necessitated using the same needle four times. It was cleansed by placing in hot sterile water and wiped with sterile gauze. Particular care was paid to specific cases. The question was always asked of a subject whether he had any specific history. In those from whom such history was obtainable, or whom we knew had syphilis—the needle was thrown away after use. The total number immunized was 950 and in not a single instance was there any infection. One man refused inoculation and was tried by general court-martial.

The effect of the antitoxin was varied and some interesting cases of serum sickness developed. Four per cent (34) developed a local urticaria at point of inoculation. This appeared five to seven days after the injection. One case showed severe urticaria, general over body, twenty minutes after the inoculation. This man has a history of frequent and severe attacks of hives. Two cases, both officers, within twenty-four hours showed general urticaria, joint pains, headache, and some febrile disturbance. These symptoms disappeared within twenty-four hours.

Six well-marked cases of serum sickness, having an incubation period of from eight to thirteen days, were observed. An erythematous rash appeared on body, most abundant on chest and abdomen, and having the characteristics of a measles eruption. There was puffiness about the face and extremities, stiffness, and some discomfort in joints. Headache, slight febrile disturbance 100° to 101° F., and lymphatic enlargement were the prominent symptoms. Prostration in 2 cases was marked. The urine was negative for albumen, and a leucocytic count showed a slight leukopenia, 5,000. As such a number of men received injections, and four different preparations of antitoxin were used, these cases were probably due to a personal idiosyncrasy and not to faulty serum.

Two interesting cases of Vincent's angina were discovered. A small patch of exudate was found on tonsil, which, when removed, left a deep ragged ulcer with undermined indurated edges giving a "gritty" feel to the needle. Repeated cultures of this on blood serum for twelve hours were negative for the Klebs-Loffler bacillus. A stained specimen of a smear of exudate showed staphylococci and numerous Vincent's bacilli, which with methylene blue showed the peculiar spindle shape and banded appearance. They were accompanied by numerous tiny spirochætæ. Beyond a little local soreness and irritation there were no subjective symptoms. Their course was very protracted and eventually showed improvement under application of pure carbolic acid. Inoculations on glycerin agar, agar and bouillon and blood serum failed to grow this organism.

The admission rate for pulmonary tuberculosis continues to fall, and the rate for all forms declined from 6.26 for 1908 to 5.60 per thousand last year. Except among the few who develop tuberculosis after many years of service, this disease is particularly associated with the first half of the first enlistment or of service at the Naval Academy; Table 19 indicates that, aside from among recruits; consumption is abnormally prevalent among the engine-room force, electricians, prisoners, and particularly the hospital corps in which the admission rate is more than three times as high as for the service at large and this does not include the "academic" cases admitted for record at Las Animas, which would have made the hospital corps incidence 29 instead of 17.24 per thousand. As will be also noted under typhoid fever, hospital attendants seem to be far more susceptible to the acquirement of "contact" infections than of the longer recognized contagious diseases for which the corps shows a lower admission rate than does the general service. Although our own service has taken advantage of most of the recent methods to arrive at the earliest possible diagnosis of tubercular disease the one aid which medical officers of the German navy have found of greatest value has been seldom availed of—this is the detection of enlarged bronchial lymph nodes in suspicious catarrhal cases by X-ray examination. It is misleading to compute damage sustained by tubercular disease from days of treatment at the naval sanitorium at Las Animas, Colo., for the reason that the amount of treatment there is cumulative from year to year, many remaining throughout their enlistment and still others electing to continue for an indefinite period thereafter, and now that it is the bureau's determined policy that patients who have suffered from unquestioned phthisis shall not be returned to general duty in the service, it is proposed hereafter to regard transfers to that institution as statistically equivalent to discharge from the service as should also be transfers to hospitals for the insane; for practical purposes neither any longer represents the active force of the navy.

The value of tuberculin tests in demonstrating those among the personnel who have a presumably latent tubercular process is attested by the following quotation from the annual report from the *Relief:*

> Two hundred and fifty-eight tuberculin tests have been recorded, of which 16 were by the Calmette method and 197 by the von Pirquet. Of the former, which was used in suspicious cases, 9 were negative; of the latter, 140 were negative, 12 doubtful or delayed. Of the 62 cases taken at random among the native crew, mess men, hospital corps, and officers, the von Pirquet test gave 49 negative and 8 doubtful and 5 positive.
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> While the number of tests is not sufficient to be of much value from a statistical point of view, yet the experience from its use during the last two years aboard this ship, comparing the clinical findings and past history of those tested has convinced the medical staff of the value of the test, especially when negative results are obtained. Patients giving the signs of acute tubercular infection, except presence of tubercle bacillus in the sputum, but giving no reaction later, entirely recovered and returned to duty, and, on the other hand, those not frankly tubercular but giving a reaction have later shown the presence of the tubercle bacillus.
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> It seems well worthy of trial, especially at large training stations, to test all recruits, especially those who appear below par, as it were on the borderland, before transferring them to cruising ships or distant service where, under less favorable environment, a small active or a latent infection may become rapidly progressive.
>
> While it is recognized that this test, especially the von Pirquet, may react in healed cases, yet this shows that the individual has a susceptibility and, by his early elimination from the service, will give that much less vulnerable material.

Table showing the mean strength of the Navy and Marine Corps according to returns from medical officers, admissions to the sick list, and deaths from tuberculosis from 1898 to 1909, inclusive, also the ratio per thousand of admissions and deaths. Readmissions have not been included.

Year.	Strength of the navy.	Admissions with tuberculosis.	Deaths from tuberculosis.	Admissions per thousand.	Deaths per thousand.
1898	23,038	103	15	4.47	0.62
1899	20,113	93	9	4.40	.43
1900	22,977	131	14	5.70	.58
1901	26,101	146	12	5.59	.44
1902	30,249	145	16	4.79	.51
1903	36,535	250	10	6.84	.26
1904	39,450	268	23	6.79	.56
1905	39,620	243	18	6.13	.43
1906	41,690	206	19	4.94	.44
1907	44,083	226	12	5.12	.25
1908	50,984	319	30	6.25	.56
1909	55,550	311	40	5.59	.69

There occurred 548 cases of articular and muscular rheumatism on board cruising ships, as compared with 634 for 1908; the total damage in terms of individuals disabled throughout the year from rheumatism was 75.2, while for the previous year it was 88.9. The admission rate for rheumatic affections in any group of the personnel is shown by Table 19 to be above the average for the whole navy in proportion to juniority of service, and most of the cases would thus seem to be not essentially incident to service conditions.

Heat exhaustion and thermic fever effected approximately the same relatively small intrinsic damage, as for 1908, there being returned for these two affections but 490 and 208 sick days, respectively, with 3 discharges from the service. As shown by Table 19, heat prostration is practically an occupational injury, chiefly affecting the fireroom force, although officers, apprentice seamen, the clerical force, and marines appear to approximate the average admission rate for heat affections for the whole service, which is otherwise entirely contributed by the engine and fire room force. Numerous interesting case reports, with such comment as experience seemed to justify, have been published throughout the year in the Naval Medical Bulletin. Excessively high temperatures from firerooms are less seldom reported than formerly, and as already stated many of the cases are attributable to the lack of inurement of youths never physically examined for the arduous labor of coal passers.

There were somewhat fewer injuries and one more death from accident recorded on cruising ships than for 1908. As usual, wounds of the classified varieties, sprains, contusions, fractures, and burns furnished the majority of admissions and sick days for injuries. Ruptured ear drums numbered 19, the same number as for 1907, and 11 more than for 1908. Injuries, while more uniformly distributed among occupational groups than might be expected, find their highest incidence among the deck and engineer's forces.

Nine deaths from drowning resulted from the loss of the tug *Nezinscot* and a whaleboat from the *Marietta.* The loss of the tug *Nina* in March of the present year occasioned 31 deaths from drowning. Two officers and 3 men lost their lives on the *Nanshan* from suffocation from fumes while attempting to secure stores in the paint locker on May 27, 1909. One mess attendant and 1 private marine died as the result of boxing or skylarking on the *Vermont.*

Although the following 8 deaths resulted from a gun explosion on the *Charleston* on March 27, 1910, it seems proper to note in this report that 5 were instantly killed (2 by body being severed at the waist, 1 by destruction of left chest, neck, and arm, 1 by loss of portion of skull, and 1 from penetrating wounds of chest and abdomen); 2 died within a few minutes as result of loss of arm and laceration of chest, and 1 died within eight hours from chest penetration and multiple perforation of the intestines.

D. *Affections depending upon exotic exposure.*—As already mentioned in discussing typhoid vaccination on page 43, the admission rate, 3.4 per thousand, for typhoid fever is abnormally high; the case mortality for 1909 was 8.36 per cent and the total damage sustained 36.4 individuals' service lost throughout the year; the high rate of 6.7 for the Hospital Corps shows that contact is one of the greatest factors in the spread of infection, and the rate of 4.27 among officers probably indicates the danger from less restriction of articles of food and drink (uncooked salad vegetables, oysters, milk, and cream), although flies and roaches, well known to be more abundant about officers' pantries, may be an important transmitting factor; the high rate for musicians is doubtless accidental.

In order to place on record the opinions of medical officers as to typhoid, the following extracts from sanitary reports are quoted:

Atlantic Fleet.—During the year the personnel has enjoyed good health while cruising, but the same can not be said for the time the ships remained at their home ports at navy-yards; since without exception they contracted infectious and contagious diseases, particularly noticeable in such diseases as venereal, tonsillitis, measles, scarlet fever, and mumps. The latter three named diseases were prevented from becoming epidemic by early isolation and immediate transfer to the hospital.

The average age for the entire enlisted personnel of the *Connecticut* in December, 1909, was 23 5/12 years.

We may consider this as being about the average age for the fleet.

The average quarterly complement was	13,229
The minimum complement was, first quarter	10,060
The maximum complement was, third quarter	17,131
Total number of admissions	9,202
Total number of sick days	55,057
Average number of sick days for each one of the personnel	4
Invalided to the hospital	1,263
Invalided from service	28
Invalided on leave	1
Discharged to duty	8,438
Died	20
Total number admitted, general infectious diseases	939
Total number admitted, tonsillitis	1,531
Total number admitted, venereal diseases	2,914
Total number admitted, injuries	1,229

One case of general infectious disease for every 14 men.
One case of tonsilitis for every 8 men.
One case of venereal disease for every 4 men.
One case of injuries for every 10 men.

During the spring months and July 40 cases of typhoid fever occurred in the fleet. It is believed for the following reasons that nearly every case was contracted in Norfolk, Va., or the surrounding country, with possibly a few contracted in Philadelphia, Pa.

(*a*) The ships remaining the longest time at Hampton Roads had the most cases.

(*b*) The ships not visiting Norfolk or Philadelphia were free from the disease.

(*c*) According to the department of health, city of Norfolk, Va., typhoid fever existed in epidemic form during July, 1909, since every ward had the following number of cases noted below, or a total of 103:

	Cases.
First ward	15
Second ward	17
Third ward	12
Fourth ward	32
Fifth ward	14
Sixth ward	9
Seventh ward	1
Eighth ward	3

Take two cities such as New York, N. Y., and Philadelphia, Pa., and had they a proportional number of typhoids according to population, they would show for the former 4,841 and the latter 1,751 cases.

It was recommended that no liberty be given while the ships were at Hampton Roads, Virginia, during August and September, though during the latter month limited liberty was given. The personnel was instructed as to the prevalence of this disease at Norfolk, and recommendations were published for the protection of the crew and the liberty men against this disease.

Wisconsin.—Following the stay of the ships in Hampton Roads one case of typhoid fever developed. The patient had been to Norfolk only, where his family resided; had partaken of ice cream, milk, and oysters. The ship remained at the navy-yard, Portsmouth, N. H., from March 8 to June 24, 1909. At Hampton Roads, Virginia, from June 26 to June 29 liberty was given to a few of the first-class and special first-class men. Following this liberty and given an average incubation period of twelve days there developed six cases of typhoid. These men all went on liberty together, all went to the same places for food, and all ate ice cream and oysters in Norfolk. Following this outbreak the senior medical officer of this ship wrote officially to the commanding officer and requested that no liberty be granted in Hampton Roads; this communication was forwarded to the commander in chief and no liberty was given until just before the fleet sailed for New York.

Louisiana.—On the return of the ship from the world cruise in February she was ordered to the navy-yard at Norfolk, Va., for docking and extensive repairs, where she remained until June 29. During this period six cases of febris typhoides developed. Two of these were commissioned officers. The department ordered a board of investigation of cases of typhoid fever on board the U. S. S. *Louisiana.* After a thorough and complete examination the board arrived at the conclusion that the infection was outside of the ship. Typhoid fever is endemic in Norfolk, Berkely, and Portsmouth and surrounding country, and it is utterly impossible to control the men's diet away from the ship; one can only caution and advise. The most rigid supervision was paid to stores brought on board, and fresh milk, oysters, etc., were absolutely prohibited. The post exchange at the marine barracks sells milk which is very good and is used generally by those in the yard and messes on board the ships, but unfortunately the amount for sale is not sufficient to supply the demand. They have their own herd of cows, and the strictest sanitary precautions and supervision are made. Milk from the dairies in town has been prohibited. It is particularly unfortunate that the condition existing in Norfolk and the immediate vicinity demands these measures, as a ship having such a home port necessarily has to be deprived of many simple foods while in the port.

Virginia.—Seven cases were transferred to the hospital as with the diagnosis of typhoid fever; one proved to be an error in diagnosis. The others were positive, and were, in my opinion, contracted while on liberty at and in the vicinity of Norfolk, Va. After we had been away from Hampton Roads over the incubation period no further cases developed, which proves, to my mind, that the cases were contracted ashore. It is believed that many of the cases of enteric fever in and about Norfolk have been due to infected milk.

Maine.—Three cases of typhoid fever gave a clear history of infection at Norfolk, Va. Liberty was given at Hampton Roads, and these men went to Norfolk on June 27. Two of them went together and drank of the same water and milk. They were admitted to the sick list in the following sequence—July 9, 11, and 13. There was an absence of prodromal symptoms in each case. The temperatures on admission were 103.8°, 103°, and 102.2°. In each case there was a slight tonsillitis, or inflammation of the air passages, from exposure to Cape Cod weather, which is thought to have masked the febrile course of typhoid. These cases with 11 others of the fleet were transferred by the *Maine* to the naval hospital at Chelsea, Mass.

Missouri.—It has been my experience that in nearly all of these epidemic diseases the great source of danger is the mild case, so liable to be overlooked. For this reason all cases as well as all suspects can not be transferred from the ship too quickly to avoid establishing a focus of infection on board. As long as this is done no great danger can come from the occasional imported case.

The usual head trough is considered dangerous in typhoid infections on account of the exposure to flies and the difficulty of keeping it free from fecal matter and clean. This has received special attention, a hospital apprentice being detailed to supervise the cleaning and disinfection as long as there is any danger of infection.

Mississippi.—The three cases of typhoid fever occurred in men who visited Norfolk while on liberty from the ship at Hampton Roads, Virginia, in June.

Wolverine.—The health of the crew as a whole has been excellent. As will be seen from a review of the sick days, more than 25 per cent of them were caused by typhoid fever. In a ship whose complement is less than 100, six cases of typhoid fever appearing within a year might cause alarm, suggesting a common source of infection or a carrier distributing the disease. It should be noted, however, that five of these cases were admitted to the sick list during the summer cruise of the ship around the lakes. This vessel, visiting 20 or 30 different ports during the course of a summer, is very prone to come in contact with conditions which favor the propagation of typhoid fever.

The majority of harbors on the Great Lakes consist chiefly of a breakwater inclosing a body of more or less stagnant water, into which the sewers of the city empty.

The *Wolverine*, lying in such a harbor, at anchor or more often tied up to a dock, and in the latter case frequently alongside of a sewer, is accustomed to use the water for all washing purposes. Men have even been seen to clean their teeth with this water. In one or two places conditions were so bad that water was issued in limited amounts for washing, and the shower baths had to be cut off entirely.

Many medical men in this vicinity have told me that several towns and cities along the lakes suffer from epidemics, and the infection gradually spreads owing to the heavy excursion traffic. The officers of this ship believe that the harbor conditions in Toledo and Buffalo were responsible for the cases of typhoid which appeared on board.

I am of the opinion that all probable sources of danger from typhoid fever can be eliminated, and that in the future while cruising no water from harbors should be used for washing purposes and that wherever practicable the ship should be moored alongside a dock where connection with the city's water supply can be made.

Navy-yard, Norfolk.—One case of typhoid fever from among the marines was sent to the naval hospital, Norfolk, on December 18 and terminated fatally eight days later. This case was undoubtedly contracted outside the reservation.

Naval hospital, Philadelphia.—Published reports from the department of health of the city of Philadelphia show the prevalence of typhoid fever, notwithstanding the completion of the city filtering plant. The city water is again filtered in the different houses in the Naval Home inclosure before being used. To be at all effective the filters should be taken apart, thoroughly cleaned, and the charcoal renewed at least once a year. I am informed that it has been nearly three years since the filters in the inclosure have been cleaned and renewed, and I recommend that they again be cleaned and connected by larger intake pipes with the mains.

While filtered water is far safer than the unfiltered, it requires boiling to be made thoroughly safe for drinking and bathing. This is oftentimes difficult to have properly done, especially when a number of people is considered; and it is recommended that a distilling plant be established for all buildings in the inclosure of the Home. It is believed that the addition to the power plant now being installed will be of sufficient steam-generating capacity to give an adequate distilled-water supply. [Filters have been cleaned and the distilling plant authorized.]

The yearly fluctuation in local diseases reported and perhaps largely due to the personal equation of medical officers among a comparatively small population is no better demonstrated than in the case of dengue for which the admission rates during the last three years have been 12.2, 7.5, and 8.8 per thousand, respectively; this rate is found to vary much more widely when applied to the average complements of the few stations showing endemicity for this disease and, while allowance must be made for climatic variations and other factors influencing mosquito prevalence, error of diagnosis is apparent, though unavoidable under service regulations, for many of the cases were subsequently shown to be malaria, simple continued fever or thermic fever; it seems that only such cases as show the characteristic recrudescence of fever and eruption should be returned as dengue.

The admission rate for malarial affections declined from 29.8 for 1908 to 18.85 for 1909. The most notable work in mosquito prophylaxis is shown with the marine detachment on the Isthmian Canal Zone and at Olongapo, P. I., where the medical officer in command of the hospital ship *Relief* demonstrated that the infection was acquired in the vast majority of instances at the rifle range or on the "hikes," rather than on the station proper; no cases developed on the *Relief*, while approximately 50 per cent of those going to the target range contracted malaria. The incidence of malaria is more than five times as high among marines as among the next highest occupational group, which is the Hospital Corps (serving with them), and all other groups of the personnel fall well below the mean malarial rate for the service. Of 630 marines from whom reports could be obtained six weeks after leaving the Isthmus of Panama on the *Prairie* in the spring of 1910, but 17 were found to be infected with malaria, 12 having had previous attacks; the stations whence these 17 cases were reported are Portsmouth 3, New York 1, Norfolk 2, Port Royal 3, Charleston 7, and the *Prairie* 1; quinine prophylaxis was not continued on the *Prairie*.

Dysentery occasioned its customary little damage, 127 admissions (some of which should doubtless have been readmissions), 4,052 sick days, 1 death, and 5 discharges from the service.

Of skin diseases, scabies has already been considered under "A." Aside from the relatively few functional disorders of the skin or those depending upon specific infection, disability was furnished by the destructive inflammation largely due to pyogenic organisms; abscess, boil, carbuncle, cellulitis, and ulcer caused 1,869 admissions (1,387 on cruising ships), 9 discharges, 1 death, and 22,844 sick days.

The admission rate on cruising ships for the six contagious diseases (diphtheria, cerebro-spinal meningitis, measles, mumps, scarlet fever, and smallpox) was reduced one-half, or 10.54 per thousand, lower than for 1908, when it reached 21.41, and the resulting sick days were reduced from 5,626 to 2,251, partly owing to cruising in proximity to hospitals; one-half the loss of service was due to mumps as compared with 60 per cent for the former year.

There were 13 cases of smallpox with 4 deaths in the entire service during 1909; 11 cases and 2 deaths were recorded for 1908; following exposure in Yokohama, Japan, during the first quarter of the present year 10 highly virulent cases of the disease developed on the *Washington* and 5 deaths resulted; measures for more thorough vaccination have already been considered on page 43.

In a preceding section (page 44) the prophylaxis of venereal diseases was discussed and a profusion of favorable reports from ships and stations might be quoted to show the enthusiasm with which medical officers have taken up the problem wherever they could be assured of effective disciplinary support from commanding officers; the Naval Medical Bulletin will continue to publish reports selected to disseminate such ideas on the subject as should prove of value to the service at large. The general admission rate for all venereal affections for 1909 was 199.17 as compared with 127.76 for 1908, while that for primary infections was 160.40 for 1909, about 50 per cent higher than that for any previous year. As already shown, the increase is apparent rather than real on account of the more conscientious admission of all cases for record. The comparatively small increase of admissions for syphilis primitiva and consecutiva combined signify that chancroid and gonorrhea, formerly considered of less consequence, were very commonly not reported; it is probable that the combined rate for syphilis (26.57) is much higher than the actual incidence because each year more primary cases are followed up and later admitted as s. consecutiva, while it is well known that one case may be admitted several times within a year owing to frequent transfer from one ship or station to another. It seems desirable to place on record the following table to show the admissions since 1880, for the three infections, syphilis, gonorrhea, and chancroid, together with the aggregate admission rate and the more reliable admission rate for syphilis primitiva and consecutiva combined:

Table of admissions and rates for venereal infections since 1880.

Year.	Admissions for—			Aggregate admissions.	Aggregate admission rate per thousand.	Admission rate for syphilis, primitiva and consecutiva.
	Syphilis.	Gonorrhea.	Chancroid.			
1880	451	212	72	735	81.64	50.094
1881	403	213	108	724	75.85	42.216
1882	490	216	113	819	87.40	52.289
1883	340	252	93	685	74.48	36.969
1884	330	298	171	799	80.23	33.136
1885	279	370	181	830	90.31	30.356
1886	278	389	201	869	94.58	30.259
1887	244	396	167	807	83.90	25.369
1888	296	348	228	872	87.59	29.633
1889	310	316	118	744	66.32	27.632
1890	256	286	152	694	58.97	21.754
1891	198	284	100	582	50.60	17.216
1892	174	329	111	614	52.14	14.777
1893	171	304	60	535	44.18	14.122
1894	272	501	208	981	78.36	21.725
1895	239	330	152	721	58.48	18.862
1896	239	303	131	673	47.43	17.359
1897	270	323	136	729	47.87	17.729
1898	383	503	190	1,076	46.71	16.668
1899	406	517	226	1,149	57.13	20.186
1900	465	525	214	1,204	52.40	20.233
1901	546	617	217	1,380	52.87	20.919
1902	606	771	284	1,661	54.91	20.034
1903	816	1,032	396	2,244	61.42	22.307
1904	880	1,512	542	2,934	74.04	22.307
1905	981	2,085	538	3,604	91.38	24.759
1906	1,147	2,640	733	4,520	108.42	27.513
1907	881	2,274	554	3,709	84.14	19.985
1908	1,001	3,015	665	4,681	91.81	19.634
1909	1,476	5,861	1,573	8,910	160.40	26.572

With increasing liberality in the issue of fresh water, itch on board ship is rapidly decreasing. For the years 1905 to 1909, inclusive, the admissions afloat were 370, 385, 226, 171, and 140, in spite of a steadily increasing force which would, of course, show even a far more favorable decline in the rate; it is interesting to note that canvas baths have been introduced on ships of the German navy, in which the men receive a final rinse with fresh water.

The admission rate for alcoholism has been lower for the last three years than for many years; there were, during 1909, 350 admissions (rate 6.3 per thousand), 1,786 sick days, and 9 deaths. Attention is again invited to the experience of the German navy in its decline in alcoholism, believed to be due to the installation of carbonating apparatus on board the larger ships. Table 19 shows that among enlisted men the alcoholism rate per thousand is highest among the engine-room force (13.41), fireroom force (9.53), artificers (12.78), yeomen (12.04), marines (11.52), and lowest among the hospital corps (1.91), and apprentice seamen (0.90). With the first four groups more money and more space convenient for secreting liquor are probable factors, while with marines the nature of their duties doubtless favors opportunity.

The decline in admissions for neuritis and chronic gastric catarrh noted in last year's report as parallel with that for alcoholism has continued. The rate for neuritis was 1 for 1908, and 0.57 for 1909; for chronic catarrh of the stomach it was 1.25, and 0.95, for the respective years.

E. *Affections depending upon special conditions of service.*—Beginning next year the statistical returns will have the nomenclature for mental diseases revised to conform to the more modern classification which has been accepted since 1905. The admission rate for the combined terms which the navy has used—dementia, mania, melancholia, and paranoia is lower than ever. The rate for 1905 was 2.99; 1906, 3.17; 1907, 3.38; 1908, 3.02, and for 1909, 2.61.

The loss which the Government sustains from the payment of "sane men's salaries to insane men" or their families, together with the evidence which recent laboratory investigation has adduced to show that the vast majority have become demented or paralyzed from disease not incident to service has occasioned appreciation that many of the insane on the active list of the navy might be invalided from the service without injustice to the individual. Accordingly after judicious consideration of the origin, duration, and nature of the psychosis, as well as length of service already rendered, upon recommendation of the naval medical officer on duty at the Government Hospital for the Insane 47 of the 63 men still carried on the pay rolls were surveyed during the present summer with view to discharge. Heretofore while enlisted men of the Army and Marine Corps were dropped from the rolls either upon commitment or within the following year, those of the navy have been continued up to the expiration of enlistment or discharge from the institution, until which time their places in the service could not be filled by new recruits. Both the admission and damage rates for neurasthenia maintain the average figures for the past fifteen years. The constant loss of service of 31 persons is nearly as great as that for typhoid fever, against which our activities are ever directed. Evidently the true etiology and prodromes of this obscure affection deserve more careful study at a time when preventive medicine is accomplishing so much in other directions. It would be idle to estimate what percentage of the 144 cases returned as neurasthenia for 1909 were really psychasthenia, but for future determination the two will be differentiated in the nomenclature. There are grounds for believing that neurasthenia has been a more convenient term for invaliding than for curing those who are unhappy in their environment from indefinite but none the less real mental or physical deterioration. The diagnosis appears to be made about four times as often among midshipmen and officers as among other groups, except the hospital corps and musicians, who show nearly twice the mean admission rate.

The admission rate for appendicitis and peritonitis continues to rise; in 1895 it was less than 1 per thousand; in 1905, after a better recognition and understanding of the condition, it had reached 4.9; in 1908 it was 6.24; and for last year it reached 6.86; the death rate (0.140) and invaliding rate (0.192) vary but little and do not show the corresponding increase from year to year; the apparent artificiality of the steady rise in diagnosis of appendicitis may be attributed perhaps to the growing tendency to send to hospital or operation early doubtful cases of colic rather than to take the alternative chances of unwarranted delay; the very high rate of 26.82 among members of the Hospital Corps would support this opinion; at the same time, with better surgical training and facilities, the death and invaliding rates would not be expected to rise in proportion to the admission rate.

Acute and chronic nephritis showed a slightly higher rate (1.58) than for 1908, when it was 1.43, while 15 deaths resulted each year. The incidence of rheumatism, heart disease, and pulmonary tuberculosis among men of long service is obscured by the relatively high rates found among midshipmen and recruits and by the gradually diminishing proportion of long-service men among the personnel.

The accompanying charts declare the prevalence of infectious diseases at the more important shore stations and in a large degree serve as a basis for comparison of relative local health conditions with those published on page 77 of last year's report.

CHART SHOWING COMPARATIVE AND MEAN INCIDENCE OF TYPHOID FEVER —— & TUBERCULOSIS ------ AT THE MORE IMPORTANT STATIONS 1909 ADMISSION RATE ON CRUISING SHIPS NOT INCLUDED

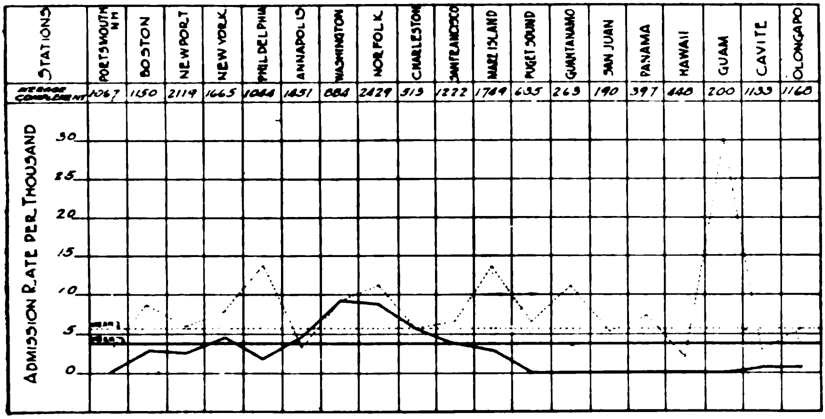
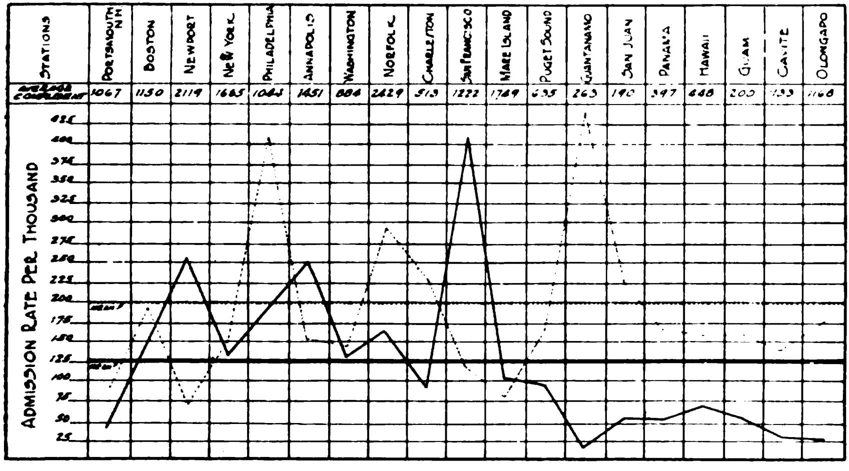


CHART SHOWING COMPARATIVE AND MEAN INCIDENCE OF CONTAGIOUS —— & VENEREAL ······ DISEASES AT THE MORE IMPORTANT STATIONS 1909 ADMISSION RATE ON CRUISING SHIPS NOT INCLUDED



(CONTAGIOUS DISEASES: Cerebro-spinal meningitis, diphtheria, influenza, itch, measles, mumps, pneumonia, scarlet fever, and tonsillitis.)

NEW CONSTRUCTION COMPLETED, UNDERTAKEN, AND CONTEMPLATED.

For the information and study of all interested, the following tabular statement is submitted to show the cost of recent and contemplated hospital construction:

Construction undertaken or completed.

U. S. Naval Hospital.	Year.	Appropriation or fund.	Amount.
PORTSMOUTH, N. H.			
Laundry equipment	1907	Naval hospital fund	$2,675.00
Boiler	1908	do	1,847.00
Repairs, hospital building	1908	Repairs	1,068.00
Surveys for new buildings	1909–10	Naval hospital fund	800.00
Water main	1910	do	3,000.00
New hospital buildings		do	282,366.00
Loomis filter		do	2,009.00
CHELSEA, MASS.			
Erection officers' quarters	1908	Mar. 3, 1905	19,127.13
Repairs, boilers, etc	1909	Repairs	581.82
Repairs, medical director's residence	1909	do	500.00
Washing walls	1910	do	375.00
New hospital buildings		Naval hospital fund	282,366.00
Loomis filter		do	2,009.00
NEWPORT, R. I.			
Addition to hospital		June 7, 1900	20,000.00
Filling pond		Mar. 3, 1901	20,000.00
Painting hospital building	1908	Repairs	420.00
Shed for sterilizer	1908	do	248.50
Repairs to nurses' and stewards' wards	1909	do	220.00
Smokestack for boilers	1910	do	170.00
Erecting sentry box	1910	Naval hospital fund	185.00
Purchase of hospital site	1910	do	48,550.00
New hospital buildings		do	282,366.00
Loomis filter		do	2,009.00
NEW YORK, N. Y.			
Officers' quarters	1904	Mar. 3, 1903	19,914.30
Drainage system	1904	Repairs	1,999.24
Extending boiler house	1904	do	2,139.39
Rebuilding hospital wall	1904	do	1,339.54
Pavements and walks	1906	do	8,156.06
Repairs to flooring	1906	do	492.00
Repairs to driveways	1906	do	325.00
Tin roof, old laboratory building	1907		850.00
Repairs to kitchen	1907	Repairs	463.00
Repairs to enlisted men's and warrant officers' quarters	1908	do	410.00
Repairs, annex building	1908	do	223.00
Concrete floor, laundry	1908	do	290.00
Repairs to hospital wall	1908	do	4,632.75
Repairs to medical director's residence	1908	do	4,329.00
Converting old laboratory building into wards and old liquor store-house into disinfecting building	1908	July 1, 1902	6,000.00
		Repairs	13,599.56
		Naval hospital fund	8,602.92
Building for contagious diseases to quarters' nurses	1909	do	5,858.00
Construction of roadway	1909	Repairs	5,109.52
Tiling in operating room	1909	do	803.00
Repairs to chimney	1909	do	390.00
Repairs to chapel rooms	1909	do	148.00
Repairs to drains, west wall	1909	do	284.00
Wiring in stable	1910	do	104.00
Repairs to operating room	1910	do	150.00
Repairs, etc., to main building	1910	do	1,550.00
Alterations, toilet and dressing room	1910	Naval hospital fund	6,100.70
Repairs, lighting circuits	1910	Repairs	487.00
Addition to nurses' quarters		Naval hospital fund	9,246.00
Remodeling of rooms		do	10,000.00
Building for contagious diseases		do	60,000.00
PHILADELPHIA, PA.			
Repairing hospital building	1904	Repairs	6,748.00
Steam heating apparatus	1904	do	594.00
Do	1905	do	1,565.48
Plumbing repairs	1905	do	1,773.00
Repairs to steam-heat and power plant	1906	do	783.50

Construction undertaken or completed—Continued.

U. S. Naval Hospital.	Year.	Appropriation or fund.	Amount.
PHILADELPHIA, PA.—continued.			
Plumbing repairs	1906	Repairs	$641.58
Repairs to steam-heat and power plant	1908	do	699.00
Repairing roofs hospital building	1908	do	259.85
Addition to boiler house	1910	Naval hospital fund	2,677.00
Alterations in power plant	1910	do	15,747.80
Alterations in hospital	1910	do	157,868.16
Kitchen, pantry, and diet equipment	1910	do	5,375.00
WASHINGTON, D. C. (Ninth and Pennsylvania avenue.)			
Repairs and alterations to accommodate Hospital Corps Training School	1908	Naval hospital fund	3,403.00
NAVAL MEDICAL SCHOOL HOSPITAL, WASHINGTON, D. C. (new).			
Erection hospital building	1906	Mar. 3, 1903–1905	144,495.14
Approach to grounds	1906	Repairs	18,002.12
Painting interior walls and ceilings	1907	Naval hospital fund	1,500.00
Changing location hot-water pipes	1907	Repairs	223.00
Changing approach	1907	do	509.30
Cement sidewalks E street	1907	do	478.70
Disinfecting apparatus	1908	Naval hospital fund	634.00
Erecting 2 additional wards	1908	Mar. 2, 1907	59,333.89
Stable, laundry, and conservatory buildings	1908	Naval hospital fund	30,551.40
Heating plant for new wards	1908	do	7,379.10
Laundry equipment	1908	do	2,850.00
Repairs to conduits	1909	do	117.36
Hydrotherapy-room equipment	1909	do	3,026.00
Macadam roads	1909	do	10,056.48
Heating new buildings	1910	do	263.53
Installing 2 elevators	1910	do	7,384.00
Generating set	1910	do	3,136.00
New buildings	1910	do	223,221.21
Extension power house, etc	1910	do	10,000.00
Addition to power plant and distributing system		do	33,269.00
ANNAPOLIS, MD.			
Erection hospital building	1906		200,000.00
General equipment, hospital	1907	Naval hospital fund	7,606.43
Kitchen equipment	1907	do	2,243.50
Laundry equipment	1907	do	2,851.00
Repairs to wall, water front	1908	do	1,955.00
Altering storeroom to laboratory	1908	do	556.93
Building 2 isolation and 1 west ward	1910	May 3, 1908	81,000.00
Staff and nurses' quarters and stable	1910	Naval hospital fund	96,600.00
NORFOLK, VA.			
Officers' residence	1905		19,889.60
Renovating and altering hospital building	1908	June 29, 1905	199,621.43
Construction of camp	1908	Naval hospital fund	3,701.35
Covering concrete roof of power house	1908	do	625.00
Contagious-disease building	1908	Repairs	6,710.91
Addition to contagious-disease building	1908	Naval hospital fund	6,300.00
Chimney for power house	1908	do	3,620.00
Tank and tower	1908	do	11,500.00
Laundry equipment	1909	do	3,372.00
Heating and ventilating system	1909	do	33,600.00
Erection of power plant	1909	do	88,195.81
Kitchen equipment	1909	do	3,632.91
Fire protection	1909	do	1,400.00
Repairs to storehouse floor	1909	Repairs	1,340.00
Repairs to kitchen, boiler, fireproofing	1910	do	1,128.71
Marine guardhouse	1910	Naval hospital fund	1,432.97
Labor for electrical installation	1910	Repairs	3,014.00
2 additional wards	1910	Naval hospital fund	85,484.00
Remodeling building and installing hydrotherapeutic apparatus.	1910	do	5,650.00
PORT ROYAL, S. C.			
Hospital steward's quarters	1910	Naval hospital fund	1,200.00
PENSACOLA, FLA.			
Water supply	1904	Repairs	830.00
Miscellaneous repairs	1906	do	1,830.00
Tank and tower	1907	do	1,000.00

Construction undertaken or completed—Continued.

U. S. Naval Hospital.	Year.	Appropriation or fund.	Amount.
SAN JUAN, P. R.			
Miscellaneous repairs since	1904	Repairs	$10,000.00
Minor repairs only	1910	do	400.00
GREAT LAKES, NORTH CHICAGO.			
Main hospital building		May 3, 1908	231,400.00
Laundry and disinfecting buildings		Naval hospital fund	17,000.00
House for medical officer in command		do	24,000.00
Two houses for junior medical officers		do	38,000.00
Heating and electrical distributing		do	30,780.00
Water, sewer, and drainage system		do	9,122.00
Extension to various distributing mains		do	9,000.00
Contagious-disease building and nurses' home		do	60,000.00
Roads and sidewalks		do	26,000.00
Clearing, grading and filling		do	10,000.00
LAS ANIMAS, COLO.			
Hospital buildings	1907	Repairs	27,617.15
Sewer system	1907	Naval hospital fund	3,780.00
Repairs and alterations, administration building	1907	do	7,152.13
Additions to officers' quarters	1907	do	4,272.00
Water tank and tower	1907	do	8,472.00
Artesian well	1907	do	1,150.58
Water tank, windmill, and tower	1907	do	1,100.00
Stone addition to power-house building	1908	do	395.00
Power, lighting, and heating plant	1908	do	77,566.46
Lean-to, wards, subsistence building, etc	1908	do	49,000.00
Hospital Corps quarters	1908	do	19,025.00
Bakery equipment	1908	do	825.00
Disinfecting chamber, etc	1908	do	859.50
Bakery building and laundry	1908	do	4,950.00
Water system	1908	do	18,014.05
Irrigating ditch, right of way	1908	do	1,176.00
Employees' quarters, bowling alley, etc	1908	do	15,925.00
Laundry equipment	1908	do	2,975.00
Altering west storehouse	1908	do	3,650.00
Irrigation reservoir	1908	do	6,280.79
Servants' quarters	1908	do	1,075.00
Remodeling east storehouse	1908	do	7,800.00
North storehouse	1908	do	6,890.46
Artesian well	1908	do	1,274.55
Kitchen equipment	1908	do	1,896.00
Electric light and distributing system	1908	do	10,901.50
Plastering outside walls building	1908	do	2,795.00
Fence and gate (north side)	1908	do	694.00
Additional boiler	1909	do	2,020.00
Painting shingle roofs	1909	do	2,320.94
Building for sterilizing purposes	1909	do	600.00
Kitchen equipment, west wards	1909	do	1,600.00
Irrigation well	1909	do	1,963.00
Repairs and additions—building	1909	do	6,953.66
Quarters for petty officers	1909	do	4,235.00
Converting west barracks to wards	1909	do	44,245.05
Generating set	1909	do	1,994.00
Quarters for civil employees	1909	do	7,594.74
Pump and pipe line, etc	1909	do	4,834.[illegible]
Telephone system	1909	do	3,000.00
Artesian well and pumping outfit	1909	do	4,402.35
Cottages (5), infirmary, etc	1909	do	35,228.00
Extending sewer and water system	1909	do	6,800.00
Garage	1909	do	1,975.00
Addition to enlisted men's infirmary	1909	do	38,075.00
Meat-cutting room	1909	do	395.00
Addition to power house	1909	do	738.50
Kitchen equipment	1910	do	2,367.23
Erecting brig and mortuary	1910	do	3,530.00
Electric mains, sick officers' quarters	1910	do	540.00
Construction 3 cottages, sick officers	1910	do	10,125.00
Converting small building into dwelling	1910	do	1,800.00
Repairs to "Kit Carson" house	1910	do	1,141.75
Generating set	1910	do	2,125.00
Two centrifugal pumps	1910	do	2,478.00
Small addition to power house	1910		Day labor.
Electric mains, sick officers' quarters	1910	Naval hospital fund	540.00
Oil-burning equipment for oven	1910	do	1,079.50

Construction undertaken or completed—Continued.

U. S. Naval Hospital.	Year.	Appropriation or fund.	Amount.
MARE ISLAND, CAL.			
Grading tuberculosis camp	1907	Repairs	$500.00
Tiling kitchen, pantry, and dining room	1909	do	4,600.00
Pole line for carrying wires	1909	do	500.00
Pump and improving water system	1910	Naval hospital fund	5,500.00
Fitting strong ward for prisoners	1910	do	245.00
Painting hospital	1910	do	2,695.00
Infectious-disease building	1910	June 29, 1906	8,000.00
Do	1910	Naval hospital fund	
Power house	1910	June 29, 1906	5,000.00
Do	1910	Naval hospital fund	
Surgical ward	1910	June 29, 1906	12,000.00
Do	1910	Naval hospital fund	
Electric elevator	1910	do	4,385.00
Tile work	1910	do	5,984.00
Hydrotherapeutic apparatus	1910	do	4,042.00
Remodeling gas house into quarters	1910	do	6,100.00
PUGET SOUND, WASH.			
New administration ward	1910	Mar. 2, 1907	143,971.00
Operating and subsistence buildings		May 13, 1908	5,879.00
SITKA, ALASKA.			
Repairs to roof	1909	Repairs	293.00
YOKOHAMA, JAPAN.			
Purchase of land	1907	Public works	4,980.00
Servants' quarters	1907	Naval hospital fund	2,636.91
Repairs to senior medical officer's quarters	1907	Repairs	583.31
Painting bungalows, annex, etc	1908	Naval hospital fund	629.97
Painting and repair, annex	1909	Repairs	480.07
Painting and papering house	1910	do	496.51
New hospital building	1907 to 1910.	Mar. 3, 1903	24,880.08
Do		Naval hospital fund	16,468.09
Do		Repairs	3,272.41
CANACAO, P. I.			
Artesian well	1907	Artesian well	5,411.88
Railway tracks, cars, etc	1908	Naval hospital fund	979.15
Ice-making plant	1908	do	3,525.00
Garbage crematory	1908	do	895.00
Tiling operating room	1908	do	1,182.00
Extension to hospital	1909	do	140,622.89
Allotment for ice plant	1910	Repairs	2,000.00
Generating set, fans, etc	1910	Naval hospital fund	1,458.00
Repairs to roads, buildings, etc	1910	Repairs	1,000.00
Additional for repairs to roads, etc	1910	do	2,000.00
Additional for work on buildings and grounds	1910	do	1,500.00
Steel roofs for buildings	1910	do	4,551.00
Repairs to hospital wharf	1910	do	1,350.00
Steel tank and tower	1910	Naval hospital fund	4,060.00
Building female nurses' quarters		do	[a] 16,000.00
SUPPLY DEPOT, NEW YORK.			
Erection new supply depot	1904	Mar. 3, 1903–1905	93,989.48
Entrance gates	1906	Repairs	925.00
Storage lumber shed	1910	do	6,604.42
SUPPLY DEPOT, CANACAO.			
Includes pharmacist's quarters		Mar. 2, 1907	25,000.00
NAVAL MEDICAL SCHOOL.			
Alterations	1908	Contingent	3,478.00
Cold storage, crematory, plumbing, etc	1908	do	3,809.21
Repairs to roof, east building	1909	do	499.75
Changing doors, new floors, etc	1909	do	346.00
Plastering walls, ceiling, painting	1909	do	346.50
Cold-room insulation	1910	do	562.86

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[a] Yards and Docks.

Proposed construction to be paid out of naval hospital fund.

PORTSMOUTH, N. H.	
Three sets of officers' quarters, female nurses' quarters, stable, and greenhouse	$100,000
Power-house building, equipment, and outside heating mains	50,000
Contagious building	35,000
Outside lighting mains and connections to yard	15,000
Water and sewer systems	20,000
Roads, walks, and improvement of grounds	30,000
Laundry equipment and building	15,000
	265,000
CHELSEA, MASS.	
Power-house plant, lighting and heating mains	75,000
Water and sewer systems	20,000
Providing contagious wards, quarters for female and male nurses, stable, greenhouse, and laundry, either in new buildings or remodeling old	150,000
Improvements of grounds, roads, and walks	20,000
Outside wiring for electric systems	15,000
	280,000
NEWPORT, R. I.	
Contagious building	65,000
Power-house building, equipment, and outside main for heating	35,000
Three sets of officers' quarters, female nurses' quarters, stable, and greenhouse	100,000
Laundry equipment and building	15,000
Eight hundred feet of quay wall	40,000
Pier	30,000
Water-supply and sewer systems	20,000
Outside lighting systems and connection to government plant at training station	20,000
Fence	15,000
Roads, walks, improvement to grounds	30,000
	370,000
NEW YORK, N. Y.	
Remodeling existing buildings	200,000
Improvement of power plant	50,000
Improvement of grounds, roads, and walks	10,000
Outside sewer, water, lighting, and heating systems	20,000
	280,000
PHILADELPHIA, PA.	
Improvement of grounds	15,000
Changes, or tearing down old buildings, etc	20,000
	35,000
WASHINGTON, D. C.	
Improvement of grounds	15,000
Sewers and water extensions	5,000
	20,000
ANNAPOLIS, MD.	
Modifications in existing power house, outside heating, lighting, water, and sewer mains	15,000
Improvements of grounds, roads, and walks	20,000
Greenhouse	10,000
	45,000
NORFOLK, VA.	
Necessary connecting sewers, heating, and lighting	10,000
Improvement of grounds	10,000
	20,000
LAS ANIMAS, COLO.	
Remodeling quarters 2 and 6, now used for sick officers, for quarters for officers on duty, and female nurses	15,000
Improvements of grounds	15,000
Miscellaneous improvements	15,000
	45,000

Proposed construction to be paid out of naval hospital fund—Continued.

MARE ISLAND, CAL.	
Improvements of grounds, roads, and walks	$15,000
Outside sewer, water, and light connections	15,000
	30,000
PUGET SOUND, WASH.	
One additional ward	60,000
Three sets officers' quarters, female nurses' quarters, stable, and greenhouse, all of wood	80,000
Outside wiring, lighting, and connection to yard system	20,000
Outside sewer and water system	15,000
Roads, walks, and improvements of grounds	20,000
Outside heating mains, power house, and equipment	75,000
Contagious ward	60,000
	330,000
PEARL HARBOR, HAWAII.	
Hospital and other buildings	300,000
BAGUIO, P. I.	
Hospital and other buildings	150,000

SUMMARY.

Portsmouth, N. H	$265,000	Las Animas, Colo	$45,000
Chelsea, Mass	280,000	Mare Island, Cal	30,000
Newport, R. I	370,000	Puget Sound, Wash	330,000
New York, N. Y	280,000	Pearl Harbor, Hawaii	300,000
Philadelphia, Pa	35,000	Baguio, P. I	150,000
Washington, D. C	20,000	Total	2,170,000
Annapolis, Md	45,000		
Norfolk, Va	20,000		

Summary of expenditures for hospital construction completed, under construction, and authorized in recent years (1905–1910).

	Naval hospital fund.	Repairs.	Contingent.	Special act.
Portsmouth	$292,697.00	$1,068.00		
Chelsea	284,375.00	1,456.82		$19,127.13
Newport	333,110.00	1,058.50		40,000.00
New York	99,807.62	48,274.05		25,914.30
Philadelphia	181,667.96	13,064.41		
Washington	3,403.00			
Washington (M. S.)	333,388.07	19,213.12		203,829.03
Annapolis	111,812.86			281,000.00
Norfolk	248,364.04	12,193.62		219,511.03
Port Royal	1,200.00			
Pensacola		3,760.00		25,000.00
San Juan		10,400.00		
Great Lakes	223,902.00			231,400.00
Las Animas	453,595.74	27,617.15		
Mare Island	68,951.00	5,600.00		25,000.00
Puget Sound				149,850.00
Sitka		293.00		
Yokohama	19,734.97	4,831.30		29,860.08
Canacao	168,722.04	12,401.00		5,411.88
Supply depot, New York		7,529.42		93,989.48
Supply depot, Canacao				25,000.00
Naval Medical School			$9,042.32	
Total	2,824,731.30	168,760.39	9,042.32	1,374,892.93

DISPENSARIES.

The division of the dispensary service in Washington has not proven the success which was hoped for two years ago, and while on theoretical grounds the arrangement seemed sound whereby those on duty in the Navy Department should receive temporary treatment in the Mills Building, and others, together with officers' families, should be accommodated with less interference in a specially equipped dispensary with proximity to the specialists which the Naval Medical School Hospital furnishes, practically the service required has not been rendered economically or satisfactorily to the convenience of patients. Distance and comparative inaccessibility have somewhat defeated the promised advantages, and as soon as suitable space can be afforded near by departmental headquarters it is contemplated to administer this service from a single establishment under the supervision of two experienced officers, one of whom will be constantly available during office hours, while the other is serving those requiring attendance at their homes or fulfilling appointments in eye, ear, throat, or other specialties. Under present conditions it frequently happens that those who do not find it convenient to repair to the hospital dispensary send for the attending surgeon when the nature or gravity of the affection does not justify such visits to the homes of officers.

Exclusive of the consultations and visits of the specialist in diseases of the eye and ear, the report of the dispensary at the Naval Medical School Hospital for the last fiscal year shows 2,350 visits, 1,307 office consultations, and 4,583 prescriptions filled. The visiting surgeon states that he has placed a liberal interpretation in treating "the enlisted men not provided with medical attendance" by caring also for the families, widows, and children of those on the active list or of those retired for disability or long service and that—

> while it makes additional work, as a rule this privilege has not been abused. Except in serious emergency cases I have declined to visit the servants of naval officers on the active and retired list living in Washington, for to start such a precedent in my opinion would be most unwise, and aside from the other considerations it would be a physical impossibility for any one medical officer with that additional work to perform the present necessary duties.

NAVAL MEDICAL SUPPLY DEPOTS.

Following recommendations which the bureau has solicited from meetings of the medical officers of the Atlantic and Pacific fleets, the allowance of surgical dressings, material for prophylactic work, and certain other items of the supply table have been increased or modified, but a thorough revision of the supply table has not been deemed advisable. It has not been found practicable, as originally intended, for either of the hospital ships *Relief* or *Solace* to act as supply ships. The Naval Medical Supply Depot at Brooklyn, N. Y., filled 647 requisitions, to the value of $236,520.51, during the fiscal year 1910; the depot at Mare Island, Cal., filled 144 requisitions, invoiced at $32,067.60; and that at Canacao, P. I., 144 requisitions, amounting to $16,375.70. Quite as much as ever before, the work of these three depots appears to have been performed effectively, expeditiously, and economically; practically the only complaint has been an unavoidable small amount of breakage due to transfer of packing cases from ships and lighters.

PRISONS AND PRISON SHIPS.

The experience of and reports from medical officers on duty with prisoners during the past year furnish little for comment beyond what has been said in former reports. There appears to be agree-ment that ships are, from their inherent sanitary limitations, not adapted for purposes of long confinement; the report from the *Southery* and *Topeka* at Portsmouth, N. H., refers to muscular rheumatism as being prevalent from ship life in that climate, but while the admission rate for rheumatic affections is somewhat higher than for four other groups of the personnel, Table 19 indicates but two classes of disease in which the incidence rate for prisoners is higher than the mean for the whole service, viz, tuberculosis and mental disease; the former is not greatly in excess, while the latter is seriously so, more than two and a half times as high. The absence of admissions for neurasthenia among prisoners is curious and hardly consistent with the prevalence of insanity; provision for regular employment of prisoners is urged along lines which would tend to fit them for future usefulness and at the same time occupy their minds with better prospects which should improve their mental health; while in most instances these men are not criminals, the nature of their offenses indicates an improperly directed mentality which merits the careful study and supervision of a practical alienist; it would doubtless be of great advantage to eventually have available on each of the three stations a medical officer trained in psychiatry to serve as a consultant for each fleet and to cooperate frequently with the officers of each prison for the early detection of psychopaths.

TRAINING STATIONS AND RECEIVING SHIPS.

General interest in sanitary conditions at training stations is largely centered in the prevalence of "special diseases," which have been discussed in the section so headed, because they seem to have more influence upon administration and hinderance to training than do the more academic problems of sanitation which are more insidious although perhaps as far-reaching at other stations in the service at large. The limitation of infectious disease appears to depend upon three factors, efficient segregation of new recruits for the first month until the incubation periods have been passed, the nature of abode, and finally climate; early segregation has accomplished its ends at Newport, and during the past year at Norfolk, while at San Francisco there is still much to be desired. All observers are probably prepared to admit the decided superiority of barracks over ships for quartering recruits, but the still more eminent desirability of providing small unit barracks instead of the large barracks has not been so fully appreciated; unit barracks at Norfolk, when segregation is properly carried out, together with its superior climate, have favored the reduction of contagious disease to a minimum to which the stations at Newport and San Francisco can hardly attain until they are removed to a southern climate and made capable of prompt segregation whenever it is indicated. The lessons learned at these stations should soon be applied to receiving ships so far as possible to the end that proper barracks shall eventually displace them; as an example, the *Hancock* has necessarily inadequate sanitary facilities for the large bodies of men at times quartered on board, and all vigilance can not be depended upon to prevent the spread of contagion brought on board by new drafts or by liberty parties; in the event of an outbreak the entire crew is apt to be quarantined and important transfers prevented which should not be the case with segregation barracks; when the ship is crowded, existence is only by a makeshift way of living, which can not but react unfavorably upon the early impressions of new men and their friends.

Reports from the *Hancock* stated:

> There were 6 cases of diphtheria, 27 of scarlet fever, and 6 of measles. But 1 case of mumps appeared, and 3 of typhoid fever.
>
> The scarlet fever appeared in epidemic form in the first and second quarters; it was fortunately limited to the men quartered on board, and most of those affected were in the electrical class which is housed for instruction during the day in building 14 of the yard. The medical officer of the yard, in conjunction with the efforts of the surgeon of the *Hancock*, employed such methods as appeared necessary in the ventilation and disinfection of building 14; all the usual precautionary measures were taken while recruiting, and transfers were discontinued for the time being. The sick cases occurring in the last quarter were transferred early as being suspicious cases, and precautionary measures taken. No further cases developed.

The surgeon of the *Wabash* reported:

> To give additional room, to promote the health and comfort of the crew and facilitate the messing, I strongly recommend that a mess hall be built ashore on the reclaimed land near the ship, to include galley and bake shop, and with ample accommodations for stores and the simultaneous messing of those attached to the ship. At present all hands can not be messed at one time, thus necessitating the resetting of the tables twice or more times according to the number to be served. Under present conditions the food suffers from the long wait between cooking and serving; in this connection a suggestion worthy of consideration is to discontinue bringing food supplies on board which is not only difficult but at times dangerous, as the facilities for their transportation are bad on account of the gangway being awash or frozen over.
>
> The space occupied by the galley would be valuable for berthing, and its removal in conjunction with the messing on shore would promote a better hygienic condition of the living space of the gun deck.
>
> There has been a constant increase in the number of men handled on board this ship, and any measures tending to relieve the congestion are not only at the present time desirable in the highest degree, but in the near future are likely to prove absolutely necessary.

On the *Independence* "in February, there was an epidemic of mumps and measles, 50 cases of the former and 37 of the latter being admitted. The ship was in a partial quarantine for about two weeks and the epidemic stopped."

The following extracts from reports from the *Franklin* are quoted:

> The health of the station has been very good, and although the total number of sick days was more this year than last, 4,630 for 1909 and 3,881 for 1908, there were fewer admissions for typhoid fever and contagious diseases this year than last, but more admissions for venereal diseases.
>
> In 1908 there were 27 cases of typhoid fever; in 1909, 5 cases; malaria in 1908, 19 cases, and 17 cases in 1909; 1 case each of cerebro-spinal fever and smallpox in 1908, and none in 1909.
>
> Climatic conditions have been excellent, the summer months not excessively hot and the winter months short and mild, so that outdoor drills have been carried on the whole year.
>
> The water supply is obtained from Lake Kilby, which supplies the cities of Portsmouth, Berkley, and Suffolk, and is excellent in character. Water is pumped from the city supply to a distilling plant on the station, which is in continuous use, and from the plant it is distributed through pipes to all parts of ships and station. Sanitary scuttle butts are located at convenient points on the station.
>
> The navy ration is used, and with additional food supplies of all kinds, obtained from the local markets, the mess has continued excellent in quality, preparation, and abundance.
>
> Excreta and sewage from the *Franklin* and *Richmond* are discharged directly into the Elizabeth River. From points on the station the discharge into the river is by underground sewers. Surface drainage has been maintained by ditching.
>
> All refuse from the ships and camps is collected daily and burned in an improvised crematory, which gives satisfactory results. Garbage from the mess halls is removed daily by a contractor.

Heating throughout the ships and station is by steam, including the bungalows in camp, and proves satisfactory.

The physical condition of the personnel is very good, but there seems to be a tendency at some recruiting stations to lower the standard of recruits. It is believed that the physical standard of recruits should be maintained, although minor defects should not call for survey after enlistment, and the Government has paid for transportation to a receiving ship. Many of the recruits arriving here should have been rejected at the recruiting stations, for a recruit soon learns to use minor defects as an excuse to shirk duty, which defects in civil life never cause any trouble.

Drills and exercises are carried on daily and the men are encouraged in baseball, foot ball, swimming, and other sports. A modern gymnasium with swimming pool is desirable, but at present there is no appropriation for such a building.

There has been a marked improvement in the condition of contagious diseases over last year, and this is no doubt due to the present system of housing men in bungalows instead of in barracks as formerly. This system was begun in latter part of 1908. The bungalows have canvas sides which are rolled up during the day, thus securing a good airing for bedding and other effects. During the summer of 1909 the bungalows were elevated from the ground and placed on cement blocks, spit kits placed in each bungalow and steam heat installed in place of stoves, all of which improved the sanitary conditions of the camp.

Only apprentice seamen are quartered in bungalows in camp; the main camp has 152 bungalows with a capacity for 912 men, allowing 6 men to a bungalow; 50 more bungalows are expected to be added the coming year. The detention camp has 36 bungalows with a capacity of 216 men. All general detail men are quartered and mess on the *Richmond*, averaging about 400 men. All chief petty officers, artificers, and machinist's classes and marines are quartered on the *Franklin*.

The following shows number of cases of the three prevalent contagious diseases on the station for the years 1908 and 1909: In 1908 there were 104 cases of measles, 317 cases of mumps, and 40 cases of scarlet fever; in 1909 there were 76 cases of measles, 153 cases of mumps, and 7 cases of scarlet fever. There were no cases of contagious disease on the station from July, 1909, to the end of the calendar year.

Recruits upon arriving from recruiting stations pass through the following routine: They are received into a building on the dock, where they are stripped and given a hair cut, a hot bath, and a clean suit of detention clothes. Their civilian clothes are shipped back home or disposed of in whatever way the owners desire. After this the men are taken into the detention camp and examined physically, and those qualified are then issued their outfit of clothing; the apprentice seamen are held in detention camp for twenty-one days; if at the end of that time no contagious diseases have broken out, they are transferred to the main apprentice-seamen camp. General-service men, as coal passers, mess attendants, etc., are not held in detention, for lack of room at present, but are fitted out and transferred to the *Richmond*. Those who fail to pass physically or show symptoms of disease are held up for observation and are later fitted out and go to duty or a medical survey is requested.

If a case of contagious disease appears, the patient and his effects are isolated and transferred to the naval hospital, his bungalow mates, together with their effects, are corralled and held as contacts. The contacts are given a bichloride bath, their effects and bungalow disinfected; the men are then given a disinfected suit, and are held for the incubation period of the disease in question, then returned to duty. If a contagious disease breaks out in the main apprentice-seamen camp the same process is gone through. It is true that leaks occur among the men when in detention or isolation, due perhaps, for the most part, to the raw recruit's ignorance of sanitary laws, but conditions are improving, and it is plainly evident that the bungalow system is the solution of the problem of contagious diseases. Instead of having several hundred contact cases, as when quartered in barracks, with the bungalow system there are six. Another source of contagious disease is through Berkley and Portsmouth, where such diseases are generally prevalent.

The present mess hall, which seats about 700 men, has been reported as unsanitary, and there is now under construction a new mess hall, with a seating capacity of 1,000 men, which is expected to be ready for use in a short time. This building is of cement blocks and will be fitted with modern sanitary arrangements.

The number of admissions for venereal disease has been increased during 1909, but this can in some measure be accounted for by the fact that prior to this time a majority of the venereal diseases were treated without being regularly admitted to the Medical Journal.

Venereal diseases.

	1908.	1909.		1908.	1909.
Gonorrhea	41	343	Orchitis	11	7
Syphilis	43	78	Epididymitis	....	14
Chancroid	4	99	Arthritis gonorrhoica	5	8
Adenitis inguinalis	11	35			

No compulsory prophylactic treatment had ever been instituted on this station, but during June, 1910, a special room for prophylactic treatment against venereal diseases was installed, and in the absence of compulsory preventive treatment notices were posted about the station and the men instructed to report as soon as possible for treatment after exposure. As a result, 156 men reported and took the treatment, and to date there has been but one case of gonorrhea develop from this number.

There were 39 primary admissions for venereal diseases during the month, and out of this number only one had taken the prophylactic treatment.

Weekly inspections for venereal disease are made of apprentice seamen detailed for messmen, and cases found are put under treatment.

While it is not compulsory, prophylactic treatment is given to the few who report voluntarily, and it is evident that in order to check venereal disease by preventive treatment the treatment must be compulsory, for the large majority who have been exposed to infection never report until the disease is well marked.

Summary for the year.

Number of recruits and other men received on board	7,314
Number of applicants for enlistment:	
Examined	419
Accepted	221
Admitted to sick list	1,391
Readmitted to sick list	36
Discharged to duty	776
Invalided to hospital	471
Invalided from service	163
Invalided to hospital for insane	5
Died (suicide by carbolic acid)	1
Average complement for the year	1,728
Total sick days	4,630
Percentage of sick for the year	0.7 of 1 per cent
Daily average of patients	12.5

The senior medical officer at the naval training station, Newport, reported:

The following will show the work performed by the hospital corps men detailed for duty in Barracks A (segregation barracks for newcomers): 1,751 bundles of clothing were sterilized and transferred to an express company for transmission to the homes of recruits. A total of 4,772 men were received and passed through the routine treatment, and money amounting to $9,440.42 was held for safe-keeping while the men were being treated. In addition to the above, 202 bags and hammocks of patients suffering from infectious diseases were sterilized.

Barracks C: In spite of constant fumigations, airing of bedding, and other sanitary precautions, occasional cases of mumps and measles developed. Nothing in the nature of an epidemic has occurred. Cases usually appeared singly and sporadically. For the last five months, bedding has been aired daily, when practical, with a marked decrease in the number of infective diseases, including pneumonia. It would appear that the destructive influence of sunlight on contagium in the bedding has been well demonstrated. The radiators in the drill halls have been raised from the floors, freeing them from the objection of providing a place for the collection of dirt and refuse behind and under them. The mechanical ventilators situated beneath the base of the radiators in the dormitories have been removed, as they have proved to be simply dust traps.

It has been noted that when divisions are transferred from Barracks A to Barracks C some of their members were particularly physically deficient. In order that these men might have especially adapted exercise, some were selected at each time of transfer and put into a class for special setting-up exercises. This has proved very effective.

Barracks B: The heating and ventilating system installed in this building is not practicable on account of the great cost of running it. The present facilities are satisfactory as long as the barracks are not used for quartering a large number of men. They are used now as quarters for the station guard of apprentice seamen and occasionally to accommodate a division when there is reason to fear overcrowding of Barracks C.

During the summer and fall months of 1909 all open water receptacles were oiled with practically total destruction of mosquito larvæ. It was recommended to the commanding officer that all garbage cans be covered, all stable manure be deposited in a closed pit, and the shore line carefully policed for the removal of decaying organic matter, for the purpose of exterminating flies as far as possible on the station. All mess halls have been screened, so it is expected next summer the fly nuisance will be greatly abated.

A distilled water system has been installed practically all over the station, but is not yet in operation. The drinking apparatus is not yet of a suitable type and is insanitary in use. A design has been recommended, which will probably be installed later.

The system of probationers for the Hospital Corps is working well with regard to the personnel gained for the corps and the practical results gained in the added efficiency at this station. The number of probationers has increased from four to six, and the number of applicants is greater than can be handled. Inasmuch as a number of these men are sent to sea, it has been deemed advisable to give them some practical instruction along surgical lines (preparation of patients, dressings, etc.). With a view to this, a number of operations of minor character have been performed, such as the removal of tonsils, adenoids, hemorrhoids, varicocele, phimosis, etc.

The following interesting paragraphs have been extracted from the report of the naval training station, San Francisco:

The unsuitability of the location of this station, both from topographical and climatic standpoints, has been so thoroughly pointed out and dilated upon in the annual sanitary and special reports, almost ever since the station has been in existence, that it is only necessary to indorse all that has been said and to give the statistics of another year to support the former opinions. This unfavorable climatic condition is an attribute of the littoral Pacific slope, throughout the winter months, from its northern boundary to Point Concepcion on the south. The large majority of recruits come from sections of the country wherein the environment is radically different, and the element of slow acclimatization is an important factor in the production of a large sick list. Except for numerous fogs, the summer climate may reasonably be said to be good. In addition to the figures of the sick list during the winter months, there is a daily average of fifty patients, almost entirely apprentices, treated for bronchitis, tonsillitis, and other diseases of the respiratory system.

Not less contributory to the result is the barracks building. The sleeping quarters for the apprentices is practically one vast, open space, with the windows placed directly opposite and at the same elevation as the hammock billets, rendering proper ventilation impracticable and impossible. An open window results in a direct draft upon the sleeper, a closed one in a vitiated atmosphere. In addition to this, the location of the windows is too low (with reference to the roof) to admit of good ventilation. This has been corrected in a measure by the installation of hooded ventilators in the roof. Many of the huge supporting beams are made of unsurfaced lumber, which have been whitewashed. The difficulties in heating, ventilation, and disinfecting a building of this type are apparent. There is so little level territory on the island that it is problematic as to the possibility of a sufficient amount of appropriate space for the construction of a barracks building conforming to approved ideas as to the housing of the number of men it is necessary to accommodate at this station. The drill ground in front of the barracks building is said to be too small for drill purposes, and it undoubtedly is not large enough for proper recreation.

The epidemics which have prevailed on the station during the past year include cerebro-spinal meningitis, mumps, measles, chicken-pox, and scarlet fever. Nine cases of cerebro-spinal fever, with a mortality of two, occurred in the early part of the year. All cases were treated with Flexner's serum as soon as the diagnosis was confirmed by the microscope. The large number of cases of mumps occurring at the close of 1908 continued into the present year; a total of 329 cases is to be noted. Rigid disinfection of cuspidors and the abandonment of the drinking cups may have been largely responsible for the gradual diminution in the number of cases. At the close of the year, only four cases were under treatment. Of the remaining epidemic diseases, the number of cases was not great.

The following comparison by quarters of 1908 and 1909 show a decrease in the percentage of sick as follows:

	Average comparison.	Daily average patients.	Total sick days.	Percentage of sick.
First quarter:				
1908	1,064.6	70.8	6,457	6.67
1909	1,234.7	50.3	4,527	4.7
Second quarter:				
1908	985.1	39.7	3,613	4.3
1909	1,291.8	36.3	3,308	2.8
Third quarter:				
1908	1,245.9	38.8	3,228	2.8
1909	1,221.7	34.5	3,153	2.8
Fourth quarter:				
1908	1,087.3	42.2	4,535	4.5
1909	1,138.7	30.8	2,845	2.7

Total sick days 1908, 17,833; total sick days 1909, 13,843.

There were 6 deaths during the year, the causes thereof being: spinal meningitis, 2; drowning, 1; empyema, 1; dislocations, 1; intestinal obstruction, 1. Eighty-four have been invalided from the service and 17 transferred to hospital.

The total number of admissions for the year was 1,177 and readmissions 44, giving 1,221 admissions, representing 13,843 sick days. The following tabulation shows the more important diseases and injuries contributing to the sick list:

Mumps	329	Skin diseases	8
Pneumonia and broncho-pneumonia	325	Lymphadenitis	7
Venereal diseases	167	Dermatitis	6
Measles	101	Typhoid fever	5
Bronchitis	97	Alcoholism	4
Tonsillitis	45	Appendicitis	4
Malarial fever	42	Amœbic dysentery	4
Eye diseases	34	Piles	4
Abscess	29	Vaccina	4
Heart disease	29	Jaundice	3
Arthritis	22	New growths	3
Ear diseases	21	Pleurisy	3
Fractures	15	Rheumatism	3
Nervous diseases	15	Burns	2
Deformities	13	Constipation	2
Grippe	13	Scarlet fever	2
Contusions	10	Varicocele	2
Rupture	10	Asthma	1
Spinal meningitis	9	Drowning	1
Sprains	9	Erysipelas	1
Tuberculosis	9	Nephritis	1

HOME YARDS AND REPAIR STATIONS.

The few sanitary problems pertaining to shore stations not already comprehensively discussed in former reports are either discussed in a former section or are brought out in some of the following selected reports:

Naval Torpedo Station, Newport, R. I.—The station has a well-equipped chemical laboratory and employs a chemist. The laboratory and the services of the chemist have been available in the development of radiographs and water analysis in connection with medical department work. This service might be extended, with advantage, to the analysis of food supplies, with the approval of proper authority, and some few additions in the way of chemicals and apparatus.

Navy-yard, Philadelphia, Pa.—The new disinfecting plant is complete except as to some minor points and has been turned over to the medical department and put into service. It is considered to be a most valuable adjunct to the sanitary equipment of the yard, both for routine work and for the effective handling of epidemics.

Its location was changed by authority of the department to a very central point at the southwest corner of block 61, where it is now very convenient and is being extensively used by the medical officers of the yard and ships.

A new dispensary should replace the present building which was formerly the commandant's office and now occupies ground which is ultimately intended for other purposes. The southeast corner of block 61 is considered to be the most suitable site for the new building.

Quarters for a pharmacist or hospital steward should also be built, but should in my opinion be separate from and yet connected with the dispensary by a covered passage.

The second story of the dispensary should contain an ample storeroom, photographic dark room, and a room for the use of the examining boards, with adjoining dressing and toilet room.

The plan followed in several yards of utilizing the second story as quarters for the pharmacist or hospital steward has great disadvantages both from the point of view of the medical officer and that of the occupant of the quarters; a small emergency hospital, also adjoining the dispensary, would prove a very valuable feature which it is hoped may be authorized.

Treatment of all cases of malarial infection was insisted upon, continuing after the last chill for a period of two months with a ten-day interval after six weeks. Relapses were very few and the statistical record shows but 23 admissions for malarial disease as compared with 114 for the previous year.

Owing to the work of reconstruction in progress there have been no facilities at the naval hospital for the care of contagious cases and the smaller buildings of the group of temporary structures on the eastern end of the island known as the "camp" have been utilized as required for isolation of such cases. They are by no means ideal, but in a crude way have answered the purpose; they have been used not only for the sick of the yard but for contagious cases appearing on ships at the yard. Some of these were not formally transferred but remained attached to the ships.

This "camp" has a suitable kitchen and is available in case of need for the care and subsistence of an entire ship's company, but for the few men who have been isolated cooked food was carried from the *Lancaster* or from the marine barracks.

Among civil employees there were treated 558 cases of sufficient importance to record, 100 being sent to their homes and 5 to hospital.

The most urgent sanitary needs at this yard at present are the continuation of the clearing away of the brush and rubbish and of filling and draining operations, the provision of better toilets, and more adequate facilities for bathing and washing clothes for crews of ships in dry dock and the construction of a suitable toilet, located near the water front, for visitors of the yard, especially for women and children for whose use there is but one toilet in the yard, located at the main gate, about three-quarters of a mile from the water front.

Navy-yard, Washington, D. C.—The general condition of this yard and the contained workshops is excellent, with the exception of the foundry. Everything that can be done for good hygiene and sanitation for the workmen and in the shops has been done, and malaria, which in the old days was prevalent, seems to have been eradicated. The one exception of the foundry is all the more glaring in its unsanitary condition when placed in contrast with the rest of this splendid plant. On April 13, 1906, the medical officer made a special report on the condition of the foundry and its relation to the sanitary condition of the rest of the yard, to which little can be added.

There still remain many things to be done to render the old marine barracks anything like modern habitations, but a step has been made and it is earnestly hoped that it will not be long before the old wooden clothes lockers will be removed and replaced by modern iron mesh ones.

Practically the same condition as to lockers obtains at the seamen's quarters with the additional objection that some of these clothes lockers are in the kitchen, and repeated efforts to have them removed have been unavailing. Other than this the general sanitary condition of these quarters is good.

If new quarters should be built for the seamen gunners, and there is real need for them, it is hoped that provision will be made for a small sick bay, where the men may be cared for during short and trivial illnesses, so that they will not lose so much time from their studies as they have to do now by being transferred to hospital.

Navy-yard, Norfolk, Va.—Among the workmen employed at the yard there were 952 cases treated, 118 of these being injuries sufficiently severe to disable the recipient from work (in many of these, however, the only evidence was the man's statement) and which required an "immediate report," the ambulance was used 25 times to convey injured men to their homes or to the hospital; there were no deaths.

It is recommended that the bathing and water-closet facilities for the crews of ships in dock be enlarged, as they are inadequate at present; a disinfecting plant of ample capacity is also urgently needed at this yard for disinfecting purposes in general and particularly when a ship lying at the yard happens to develop an epidemic among her crew; such a plant would be of very great help to the medical officers, either of a yard or of a vessel, in their efforts to limit an epidemic and quickly bring it to an end.

There has been considerable discussion of the desirability of providing barracks at those navy-yards where vessels may lie for long periods of time undergoing repairs, and transferring the crews of such vessels to these barracks for the time being. This plan, while offering advantages, has its objections, and it is considered not out of place here to mention several of the more important of them: In the first place, unless the ship concerned be placed out of commission, a part of her crew would of necessity be retained on board to care for the ship and its stores, guns, machinery, etc., which would require a division of the crew into two bodies and the keeping up of two separate establishments (ship and barracks). Also, at yards where a number of large vessels assemble at the same time, the difficulty of providing sufficient barracks room would be considerable and would necessitate the building of very large barracks, or a number of smaller ones, and the ground on which to place these structures may not be available.

The time during which a man-of-war is detained at a navy-yard could be, in one way at least, very profitably spent in exercising the crew on shore, if done under conditions as nearly like those of actual service as would be possible. Much more time could and should be given to such practice while ships are lying at navy-yards.

The ship's company, as far as could be allowed at one time, should be exercised on shore and under service conditions as frequently as possible, and also should spend some time in camps, organized and equipped as in military operations. Such exercises as outlined above would be very beneficial to the service, in a military sense, and would greatly improve the physical condition of the men taking part in them. The hospital corps of the navy is especially in need of more systematic and extended exercise in the practical application of such duties as would be required of that body in military campaigning on shore, and a completely equipped hospital corps should always accompany a ship's battalion when sent ashore for drill.

U. S. S. Texas, Navy-yard, Charleston, S. C.—No serious illnesses, epidemic or endemic, have been encountered, other than malaria. During the summer and early autumn a decided prevalence of tertian cases occurred, originating, however, in approximately 90 per cent of the cases, not in this yard, but in the suburb of Chicora, a residential section adjacent, visited by chief petty officers and enlisted men. The navy-yard was kept well oiled, but a succession of heavy rains just before the onset of the epidemic nullified largely this work.

Aside from this morbidity the Charleston yard is the most happily situated station from a climatic aspect that I know of inside the limits of the United States. Respiratory diseases of importance are rare. I have not seen a case of pneumonia in the past year. The city of Charleston is not in a bad condition venereally; that is, by comparison with other large navy-yard towns. The climate is such that an open-air life and outdoor sports are possible for practically the entire year. Charleston, however, presents few attractions to the men on liberty, and it would be a great boon if something in the line of a naval Y. M. C. A. could be provided.

Naval station, New Orleans, La.—From June to January 1 there has not been a single case of venereal disease where prophylactic measures were taken even several hours after exposure. Only one case has occurred where prophylactic measures were obtainable, and this man neglected to carry out the instructions. The other cases occurred among men where prophylaxis was impracticable, as on the naval militia ships and among the stragglers from visiting ships.

If the prophylactic treatment is taken within twelve hours after exposure, the medical officer is of the opinion that venereal diseases will be reduced by 90 per cent.

Navy-yard, Mare Island, Cal.—A number of more or less severe cases of lead poisoning have occurred among the laborers who chip paint from double bottoms or other confined spaces. To prevent such accidents in the future, the following recommendations were made:

1. No man should be employed at this work for more than six consecutive days.
2. Workmen should carefully wash their hands and faces with soap and hot water before eating.
3. While at work the nose and mouth should be covered by a respirator.

It has not seemed necessary to occupy the considerable space frequently taken to say something about each shore station and receiving ship, and only such extracts have been taken as seem to possess some special interest. The continued value of monthly sanitary reports deserves emphasis, for on nearly every station there is evidence that sanitary defects are more promptly investigated and remedied.

Liability act of May 30, 1908.—Upon the request of the Department of Commerce and Labor for a delegate, Surg. N. J. Blackwood was appointed to represent the Navy Department in a conference held in March, 1910, to consider methods for the operation of the act and recommendations for any necessary changes in the law itself. The bureau has not considered that the care of the civilian force of a navy-yard, beyond aid in emergency, or the investigation of cases being treated outside of the reservation, indemnifiable under the administration of another department, properly devolve upon the naval Medical Corps; upon changes suggested by the conference looking to the examination of all employees, the keeping of records and the following up of all disabilities the bureau indorsed:

> * * * The application of the act of May 30, 1908, under the suggested amendments and proposed regulations to the naval service is practically impossible in all its provisions with the present detail of medical officers. There are in the employ of the navy at navy-yards and stations approximately 20,000 laborers and mechanics within the purview of this act. By consulting paragraph 6, "Examinations," of the proposed regulations; paragraph 18, "Indorsement of claims;" paragraph 25, "Special examinations;" and paragraphs 34 to 38, "Medical officers," it will readily be seen that it will be a physical impossibility for the medical officer of a navy-yard to conscientiously perform these duties and at the same time attend to his duties in the navy-yard. At the navy-yard, New York, there are 4,100 employees; at the navy-yard, Washington, 3,200; at the navy-yard, Norfolk, 2,600; and at the navy-yard, Mare Island, 1,800. It would be necessary to detail one officer at each navy-yard and station for this special duty alone, and at some of the larger yards, as above mentioned, a detail of two officers would probably be required. To illustrate, it is known that employees of the Washington Navy-Yard live not only in all parts of this city, but some in Alexandria, Anacostia, Laurel, Baltimore, and in suburban places. To keep track of and properly examine cases of injury to employees, the medical officer should be free from all other duty. * * *
>
> The bureau doubts the legality of the assignment of medical officers of the navy to this duty without further statutory authority, and with the Medical Corps at its present number would be unable to assign a sufficient number of officers to carry out the provisions of the law.
>
> If these proposed regulations should be adopted and made to apply to navy-yards and stations, additional medical officers would be required, and provision should be made for their transportation expenses.

The following comments of medical officers were extracted in January, 1910, for the department from sanitary reports from the stations designated:

Boston.—The most important work of the yard dispensary during the year has been that in connection with the accidents sustained by the civilian employees of the yard and the examination of officers taking the physical test. Nine hundred and forty-eight accidents have occurred during the year among the yard employees, of whom there are about 2,000 when the full force is working, as it has been most of the year. This accident work has excited especial interest, as it is the first year that the new law under the "liability act" has applied to the yard workmen. There have developed various absurdities and abuses under its operation that should be corrected. All the questionable cases arising under it are those in which the Government is imposed upon. I desire to cite certain instances which have developed under the operation of this law.

The yard surgeons see and dress the injury when the accident occurs, send the man home, and report to the head of department the accident and an estimated length of time that the patient will be incapacitated. At the expiration of the period the employee is reexamined and either reported in condition to go on with his work or the time is extended. During the time the man is laid off he is supposed to be under the care of his private physician, from whom he is required to bring a certificate when he comes back, this certificate stating that he has been under the doctor's care and unfit for work. Right here it may be said that the yard surgeons and the civilian physicians are often brought into conflict over these certificates. Many of the certificates are most extraordinary documents, some using a good many words to say nothing and others making statements that seem most improbable.

What seems to me to be a most unfortunate proviso of the law, and one giving rise to most of the abuses under the law, is that a workman receives no compensation for the days he is off without he is absent fifteen days or longer; if he is away over fifteen days, he receives full pay for the entire time that he is laid off.

This provision of the law is responsible for a large part of the trouble that we have with the workmen, for it is responsible for turning almost every man who receives any not very serious injury into a malingerer; and he is almost always able to get some doctor to give him a certificate to support him. I see injuries that on board ship would scarcely put the recipient on the sick list for a day magnified into an injury that keeps a man off work fifteen days. They are generally ready to come back to work as soon as they have got the fifteen days of disability in. When men are complaining of severe pain in a part on motion, and are backed up by a physician's certificate that it will be dangerous for them to work before a certain time, it is hard to say officially that it is not true, although one may be morally sure that they are exaggerating and misrepresenting.

To a certain extent I sympathize with the men, as I think the law is unjust and unreasonable. If the Government is going to recompense a workman who is injured in its employ, I do not see why it should discriminate as to the number of days. The man is as much entitled to the beneficence of the Government for an injury that lays him off ten days as for one that incapacitates him for twenty days. I understand that in England an employee receives, when he is injured, his full pay for a certain period after the injury and then for each succeeding period of the same length a proportionate part of his pay is deducted, which appears fairer and more reasonable than the law under which we are working.

There is a large class of cases in which the original injury is some not very serious cut, abrasion, or contusion, but, by neglect or improper treatment, the wound becomes infected and a serious condition results. The original injury properly cared for should have healed in a few days, but as a result of neglect the case runs on for several weeks. Such cases are no more the result of injury from the man's work than they would be if the injury were received at home outside of working hours. These men, it seems to me, are not entitled to compensation from the Government for the time they are laid off, even if the original breaking of the skin did occur while at work, as the real incapacity is due to their own carelessness.

Another class of cases fail to report as ordered when the injury occurs, but report several days later and claim that incapacities which they then have are due to the injuries which occurred previously. In some cases, of course, it is easy to establish the truth of the claim, but in others there is often a suspicion that the injury in the yard had nothing to do with the case; yet it is seldom possible to throw sufficient doubt on the claim to reject it.

There are some cases, while not exactly abuses under the law, still give rise to disability for a length of time out of proportion to the nature of the injury. These are cases of old men, of whom there are many employed in the yard, some of them over seventy years old. Injuries which in younger men would be of little importance and soon recovered from make very slow recoveries in these old men whose recuperative powers are below par, and at times normal motion is never restored to injured joints. In some patients the shock to the nervous system is so profound that they are permanently incapacitated.

A number of cases are seen in which, after an injury that has incapacitated a man, he recovers to the extent that he is much better and could do much useful work, but is not able to perform the full extent of his work. For instance, a man who may operate some machine receives an injury to his hand. After a short time the hand gets much better and, while he may not be able to perform the intricate and quick movements necessary to operate his machine, yet there is much useful work that he could do about a shop. Often the man, tired of idleness when he is really not much incapacitated, would be glad to do any work that he was capable of doing, and it would help out in the work of his shop to be able to use his services. But that is made impossible by a decision of the Secretary of Commerce and Labor who ruled that the employee could not return to work until he was entirely recovered and able to resume the work that he was doing when injured.

It would be a valuable assistance in the performance of the duty, in connection with the injuries of the civilian workmen, if this office were equipped with an X-ray machine. Many of the injuries are to the foot and hand, and it is often very difficult, when the part is much swollen, to definitely determine if the small bones of these members have been fractured or not. Cases are seen where careful examination has not shown anything but a contusion; the patient goes out for a few days and returns with a certificate that a metacarpal or metatarsal bone has been broken, thereby much prolonging the case. I suppose in some of these cases there really has been a fracture that needed an X-ray picture to demonstrate it, but in some of them I am skeptical of there having been anything more serious than a contusion. If an X-ray machine were available it would enable the surgeon of the yard to decide the case on its merits.

Therefore I suggest the following modifications of the operation of the liability act:

First. That the provision that no compensation be paid unless the employee has been incapacitated fifteen days be revoked.

Second. That some rule be established that takes away the compensation when the disability is needlessly prolonged by the employee's own carelessness.

Third. That more stringent instructions be issued that an employee must report to the surgeon of the yard whenever an accident occurs, and that, failing to do so, he will not receive any benefit under the act.

Fourth. That an amendment be enacted authorizing injured men to do such work as they may be able to perform, when the injury only partially incapacitates or when it has been partly recovered from.

Fifth. The equipment of the yard with an X-ray machine, to make more efficient the examinations.

New York.—The greater part of the work of the medical department of the yard has been taken up in consideration of the civil force. As a matter of expediency and humanity, civilian employees have always received due care in case of injury or acute illness occurring during the hours of employment. Since the enactment of the law awarding a continuance of pay to civilian employees for injuries received during the performance of work, many new features have developed and the amount of work involved in keeping necessary records has largely increased. The record requires in every case an identification of the individual concerned, the diagnosis and prognosis of his injury, how received, treatment rendered, manner of disposing of the patient after his first appearance at the dispensary, progress of the case, and his final recovery and report of fitness to resume work. Constant reference is made to these records. The Bureau of Commerce and Labor makes many inquiries to determine the status of cases of injury, so there is a necessity for great accuracy and the recording of many details. Some confusion at first resulted owing to the amount of necessary clerical work and the lack of established rules to guide. A card catalogue system was early resorted to so that the task was simplified.

In the period covered in this report the following summary will show the character of injuries received:

Abrasions	90	Hernias	6
Abscesses	7	Incised wounds	144
Burns	103	Infected wounds	68
Contused wounds	379	Illnesses	76
Contusions	342	Injuries to eyes	553
Dislocations	5	Lacerated wounds	424
Deaths from—		Punctured wounds	192
Heart disease	1	Sprains	93
Drowning	1		
Electrical shock	1	Total	2,410
Fractures	15		

Of these cases 62 required the use of the yard ambulance.

The large number of eye cases calls for some comment. It includes everything from a simple case of foreign body in the eye to severe contusions and lacerations involving loss of vision. These injuries are confined largely to those in certain employments, such as chippers and calkers, drillers, machinists, riveters, and tool sharpeners, whose work renders their eyes liable to injury from flying particles. Aside from the disadvantage to the individual, these eye cases involve a material financial loss to the Government. Examination of the records at this office for the period from November 1, 1908, to November 23, 1909, showed that the Government had paid several hundred dollars to men suffering from injuries to their eyes and unable to continue work. These cases were only the more severe ones and continuing over two weeks. The total loss to the Government from these cases must be considerable. Even the simplest cases mean an hour or more cessation of work or imperfect work.

These facts were brought to the attention of the commandant, who appointed a board to consider the matter. This board recommended that certain employees peculiarly exposed should be provided with suitable eye protectors.

No cases recorded thus far have been due to carelessness, willfulness, or drunkenness. A few are recorded as being due partly or wholly to old age or preexisting disease. A large percentage of cases reporting may be regarded as not serious and take the employee from his work only for a brief period, say one to five days.

The large number of physical examinations made at this office for various purposes disclose many physical defects among the civilian employees. These do not necessarily interfere with satisfactory performance of labor, but they are often a menace to the safety of the individual concerned, and may lead to confusion when an injury occurs, as to the justice of awarding compensation. Among these physical defects are heart disease, hernia, deformities from former injuries and operations. Epilepsy has been found in some instances.

The decrepitude from old age is a source of disadvantage to the Government. It predisposes to accidents, and the recovery therefrom is prolonged.

These defects, together with old age, suggest the advisability of requiring a standard of physical excellence, to be determined in each case before accepting him for employment.

Ignorance and poverty of a man injured often lead to lack of proper treatment, or treatment may be sought from incompetent persons, and recovery thus delayed.

Philadelphia.—In my opinion, the working of the "disability act" for the relief of civil employees is, in several respects, very unsatisfactory.

No preliminary or periodical examination of workmen being required, some are employed who are physically unfit for the proper performance of their duties. Under existing circumstances a man disabled by age or illness, as, for example, one who suffers from vertigo, the result of a disease of the heart or blood vessels, in case of injury becomes a charge on the Government, although the preexisting disability is primarily or solely the cause of the injury.

In some cases, such as hernia, with which a workman may appear claiming that he has been injured by a sudden strain, it is impossible to determine whether the injury was received as stated by him or the condition has existed for years.

Often a reasonably accurate estimate of probable duration can not be made immediately after injury is received, and the matter of compensation then rests practically in the hands of the physician who signs the disability certificate.

It is but natural that there should be a tendency toward the employment of a physician on whom the patient feels that he may rely to sign a satisfactory certificate, and there is no provision for ascertaining the professional standing of the physician making the report.

The difficulty of investigation and following the progress of cases is increased by the fact that many yard employees live in suburban towns in Pennsylvania, Delaware, and New Jersey, at some distance from the city of Philadelphia.

A man who is carried on the rolls as disabled by injury not only draws full pay without the expense of getting to and from the navy-yard, but is also not subject to discharge when otherwise, by reason of lack of work, his services would not be longer needed.

By no means all or a majority are to be considered as open to suspicion; and many men request to be allowed to return to work when they are still inconvenienced by the result of injury, but there undoubtedly exists a strong incentive to prolong the period of disability.

In accordance with a request made by the naval constructor, four employees who were carried on the rolls as disabled were ordered to report for examination as to their ability to perform light duty, and each of them was, in the opinion of the medical officer, found to be capable of performing either all or a part of his duties.

In a number of cases men have reported with the statement that they had been injured from one to ten days previously.

I would recommend that the rules governing the compensation for injured be modified to provide that in order to receive the benefits of the act: (*a*) An injured man should have to report at the dispensary as soon as practicable after the injury is received; (*b*) that if able to travel he should report to the medical officer of the yard, in person, at least once a week during the continuance of his disability; (*c*) that the medical officer of the yard should be furnished with a weekly report of the names and ratings of the men borne on the rolls for disability compensation and authorized to investigate them at his discretion, in addition to such times as directed by the commandant; (*d*) that men but partially disabled and able to do some service should be required to report regularly for such light duties as they may be capable of doing.

The possibility of general physical examination of employees on their registration with the labor board and periodically thereafter should be seriously considered.

Washington.—Since the enactment of the "liability act" the work of the medical department of navy-yards has increased considerably, and the keeping of records in all cases of injury has added materially to the paper work. It has been my endeavor, therefore, to simplify that work as much as possible, and yet to have it so complete and ready of access as to facilitate the reference work for the Department of Commerce and Labor. As the matter now stands the Government assumes that all its employees are honest and healthy, and when a man receives any injury and later claims that that injury is the cause of some present condition, it takes that statement as a fact, unless it can show conclusively that such statement is in error. In other words, the Government knows practically nothing about a man's physical condition until such time as he receives an injury, and after that time must disprove the man's statement before it can prevent a fraud from being perpetrated. It therefore seems to me only reasonable that every man should have a physical examination prior to his employment, and that he should be reexamined at stated times thereafter, so that the Government may be sure of every man's physical condition prior to his injury, and therefore be able to say to what extent it is liable for his condition after that injury; such examination should be made out of working hours, and a card catalogue record of the same kept during the whole time of employment. It is firmly believed that much time is lost for which wages are paid through either the ignorance of workmen, the dishonesty of some practitioners of medicine, or the dishonest collusion of both. It has therefore been my endeavor for the past six months to prevent this as much as possible by volunteering to continue to treat injured employees beyond the stage of first-aid dressings. The results so far have been most satisfactory to all concerned, and the Government has saved money, for though a few more drugs and dressings have been expended, less time has been lost by the men and less wages paid for the time not employed, while the cases being constantly under observation, the time for return to work is practically in the hands of the Government itself, even as it is with enlisted men. With the adoption of these two main suggestions, the Government, having a complete record of the employee's physical condition both before and after his injury, will be in a position to decide exactly to what extent it is liable for any resulting conditions.

Norfolk.—Since the "government liability act" came into operation the number of workmen applying for treatment for injury has increased enormously. It is surprising to see how often disability to perform work is caused by injury that, if no compensation for lost time were given, would cause but little concern on part of the injured. A considerable proportion of these have to be re-examined from time to time, which requires report on the condition of the injury or statement as to whether or not the man is able to resume work, and, as the provisions of a circular letter of the Navy Department (February 10, 1909) are interpreted at this yard, the medical officer of the yard, or his assistant, is required to visit an injured workman at his home, should the latter state that he is unable to come to the dispensary for that purpose when directed to do so by the head of his department.

From experience here, in cases where doubt has arisen in regard to the validity of a claim for compensation for an injury, the statement of the medical officer of the yard in the matter seems to have, after all, very little weight, the decision for or against a claim resting mainly upon certificates from the civil practitioners in attendance on the case and "affidavits" produced by the claimant.

The act is in need of amendment for better protection of the Government against fraudulent claims than is afforded at present.

On February 9, 1910, the department issued "Navy-Yard Order No. 861," which requires the use of suitable eye protectors by workmen when engaged in work likely to injure the eyes.

FOREIGN SHORE STATIONS.

Each station beyond the continental limits of the United States appears to have its special problems of endemic disease, and, as will be noted from the following extracted reports, successful sanitary control depends, in most instances, upon whether the civil population and environment is wholly, partly, or not at all under the control of naval officials. A vast amount of sanitary work has been accomplished, particularly in the Philippines, Guam, and Samoa, aside from that directly influencing the naval personnel, which, by example or diplomatic representation, has been a spur to sanitary improvements needed in the surrounding communities; these stations furnish almost unlimited opportunities for research in tropical medicine, and reports published in the Naval Medical Bulletin indicate that advantage has been taken by medical officers consistent with their regularly assigned duties.

Guantanamo.—There were six cases of pulmonary tuberculosis during the year, all imported, with the exception of one case developing in an electrician on the *Newark;* the disease was undoubtedly contracted from another electrician who was found to be suffering from pulmonary tuberculosis soon after his arrival, having contracted it prior to enlistment. The men were in close contact for several weeks in the dynamo room, and the second case developed within two weeks of the discovery of the first, the second patient having had a clear previous medical and family history and the disease being still in the incipient stage. The dynamo room was at once disinfected upon this discovery, and up to the present time there have been no further cases.

According to the chart of venereal diseases at various stations for 1908, on page 77 of the Surgeon-General's Annual Report for 1909, Guantanamo heads the list with an admission ratio of 350 per 1,000. This high venereal morbidity is due in great part to the venereal cases transferred to the *Newark* from the various gunboats in Cuban waters, viz: During the last quarter, 1909, out of 25 admissions for venereal diseases, 11 were received on board from other ships, and out of a total of 114 sick days for venereal diseases for the same quarter, 56 sick days are credited to the above-mentioned cases—practically 50 per cent. [This comment well illustrates one advantage to be gained from the new health record, from which such cases will be recognized as readmissions and not be credited to the local station.]

In regard to the enforced prophylaxis of venereal diseases, this measure has been tried twice during the past year, but without sufficient success to warrant its continuance, the cause of this being the scattered and varied stations of the men, some living on shore, others on tug and water barges; for out of 230 men on the station only 137 live on the *Newark.* The fact that forty-eight hours liberty is granted every week makes prophylactic treatment uncertain, and added to this is the lack of space, the treatment having to be given in the sick bay or bathroom on the *Newark,* when the men have to pass through the sick bay at great discomfort to the patients berthed therein.

There were 52 admissions for malaria during the year, 36 of these during the first quarter, being principally from marines who had contracted the disease in Panama and who were either immediately or very shortly after ordered to Guantanamo. The disease is endemic in the surrounding Cuban villages, and as workmen from these villages are constantly on the target range, and many of them living at home are not under sanitary control, a number of cases have developed on the range, although the range officer has taken all steps possible in regard to drainage and clearing the undergrowth. Both on the range and at Fisherman's Point, however, there are too few men available for systematic anti-mosquito work.

Camp Elliott, Isthmian Canal Zone.—The venereal sick rate was greatly decreased during 1909 by a compulsory system of prophylactic treatment, all men returning from extended liberty being required to report at the sick quarters. It was noted that gonorrhea and syphilis were to a great extent prevented by this treatment, but that its effect in preventing chancroid was not so marked.

The stools of 42 men, taken at random from the command, have been examined for the ova of intestinal parasites, with negative results in 41 cases; the other case was positive for the ova of *Tænia saginata,* but gave a history of infection prior to arrival on the Isthmus. These findings are in accord with those at other points on the Isthmus—that while the native population is highly infected, the white population seldom acquires a successful infection.

The camp is in good sanitary condition. Though the past month, June, 1910, inaugurated the rainy season, the health of the command has remained excellent, and virtually no malaria developed. This is no doubt due to the great improvement in the drainage of the camp and to the excellent police work, both of which combined have made the camp one of the healthiest places on the Isthmus.

During the month a section of the guardhouse was changed so as to provide adequate means of carrying out sentences of solitary confinement, a series of four individual dark cells being built. While the medical officer does not, as a rule, approve of sentences of solitary confinement on bread and water in the Tropics, nevertheless it is believed that no man's health will suffer by incarceration in these cells for short periods.

The venereal list during the month has been very low, and it is believed that the results of enforced venereal prophylactic treatment are now being made apparent.

The morbidity for the month was 6.58 per 1,000, of which 0.97 per 1,000 was due to malaria. The daily average of sick was 3.17 patients, of which 0.46 was due to malarial infection. The low sick rate, and more especially the low malarial rate, is remarkable for the Tropics. In the opinion of the medical officer, the secret of their good health lies with the men themselves, for he believes that in the case of this command at present the men are, in a literal sense, "working out their own salvation."

Cavite, P. I.—Under date of June 26, 1909, the acting surgeon of the yard reported to the commandant:

Both Cavite and San Roque are on sandy soil but a few inches above tide level. I am told that there are about 3,000 people living in Cavite and about 8,000 people in San Roque. Little attention is paid to sanitation in Cavite, and almost none at all in San Roque. Certain localities in San Roque—Calle del Rosario, for instance—are indescribably filthy. In the vicinity of Calle del Rosario many cases of cholera have arisen in the past two years, and the fact that the disease had not spread through San Roque like wildfire, as I feel sure it will some time do, is little short of miraculous. Little or no attempt is made to drain or fill in the low ground, and the tide water and rain water are permitted to stand in stagnant pools for months at a time or until it evaporates. There are no public water-closets in the vicinity of Calle del Rosario and only an occasional private excuse for one. Men, women, and children defecate and urinate in any convenient spot, or, if too sick to leave their nipa shacks, their excreta is carried out in night pots and thrown upon the low, filthy ground, and it soon finds its way into these stagnant pools. The stench arising from these pools to greet the nostrils of the passer-by can better be imagined than described. That the natives themselves can tolerate it year after year without making the slightest effort to abate the nuisance is an inexplicable wonder. Many cases of cholera, tuberculosis, bronchitis, pneumonia, pleurisy, gastro-intestinal catarrh, malaria, and intestinal worm infections arise in these localities and are more or less constantly present. Men, women, and children, pigs, chickens, cats, and dogs are closely crowded and live all together.

A short distance from these filthy lowlands are the Japanese and Filipino houses of prostitution, which add venereal disease to the already long list of infectious diseases engendered by the insanitary conditions; and but a short distance farther from these lowlands is the large and almost equally filthy San Roque market, at which place is sold to Americans and Filipinos alike fish, meats, rice, cereals, and fruits which have been handled many times by dirty Filipinos from these disease-infected spots.

Many vain efforts have been made both by medical officers of this station and by the very few local Filipino physicians to improve these insanitary conditions, which are so prejudicial to the health and life of every individual, American or Filipino, living in Cavite or San Roque. Particularly active in this campaign for better sanitary conditions in San Roque has been Dr. Roberto de Leon, a member of the so-called "board of health" of Cavite, of which Doctor Felizardo is president. Doctor de Leon tells me that he has made numerous requests and recommendations to the municipal council of Cavite for appropriations of money for sanitary improvements, but he has invariably been told as an excuse that there was no money available for such purpose, and therefore nothing could be or has been done. Provincial Governor Leonardo Osorio tells me that his requests and recommendations have met pretty much the same fate at the hands of the municipal council of Cavite.

There are good reasons for believing that the natives of Cavite and San Roque are not only more prosperous now than at any time in their past history, but that they have more money than the natives of any other towns of like size in the Philippine Islands. Upon investigation I find that there are employed at this station each month by the United States Government more than 2,560 natives, who are for the most part inhabitants of Cavite and San Roque, and that these 2,560 natives are paid approximately $52,300 gold per month, or over $627,600 per annum. As a further evidence that the Filipinos have an abundance of money one needs only to make a fifteen-minute visit to either one of the two large and expensive cockpits in San Roque and Caridad on any Sunday at almost any hour between sunrise and sunset and witness the hundreds of pesos changing hands as the result of successive cockfights. The natives of San Roque and Cavite say they have no money for sanitary improvements, but they seem to have an abundance of money for cockpits and cockfights, for the churches, for "fiestas," and for expensive Trece Martires monuments.

Many of the backyards and alleyways of Cavite are indescribably filthy. The bakery located on Calle Real, Cavite, is a case in point. The baking room of this establishment must be seen to be appreciated. The entire room and almost all of the cooking utensils are covered with several years' accumulation of soot, filth, and grime, all of which give rise to a very offensive odor. The dough is mixed in a large dirty box, by the dirty hands of Filipinos almost as dirty as the room in which they work. The product of this bakeshop is sold as food to Americans and Filipinos alike. I have been told by several Americans that many of the Filipinos are too lazy to use the near-by water-closets, especially in rainy or stormy weather, and their alvine and urinary discharges are thrown into the streets and alleyways, and, so far as I can learn, no arrests are ever made or fines imposed for the creation of such nuisances. These extremely insanitary conditions should be remedied at the earliest possible moment, as they are prejudicial to the health and happiness of everybody.

1. For the improvement of the sanitary condition of both Cavite and San Roque the first and probably cheapest necessity is the installation of a sufficient number of sanitary public water-closets, at most convenient and well-selected localities, and the adoption of efficient means for their compulsory use. To this end a fine should be imposed for violations of a law requiring the use of water-closets as a receptacle for all human excreta. The adoption of this single measure would go far toward improving the sanitary condition of both Cavite and San Roque, and would lessen in an incalculable degree the chances for the spread of infections like cholera and typhoid fever.

2. The next most important sanitary measure would be the efficient drainage and filling up of all stagnant pools and the grading of certain areas which require it.

3. All streets and alleys should be kept clean. All refuse and filth should be burned and not permitted to accumulate. The dead bodies of all domestic animals—dogs, cats, chickens, and pigs—should be promptly buried at a proper distance from all human habitations and not thrown into the streets, alleys, or bay to create a stench for many days, as at present.

4. A sufficient number of artesian wells should be dug in both Cavite and San Roque to provide an abundant supply of good water for drinking and bathing purposes, and thus overcome the necessity for the use of the cisterns which are at present used by the natives and which are so easily contaminated in the sandy soil, producing much disease.

5. The number of human beings which should be permitted to live in a given space should be limited, as overcrowding, especially when accompanied by such filth and insanitary surroundings as are to be found in San Roque and Cavite, produces much disease.

6. The building of nipa shack houses very close together should not be permitted. It is insanitary, favors crowding, and is all the more dangerous in case of fire.

7. The San Roque market should be thoroughly renovated and cleaned and a responsible market inspector and orderly employed, who should do his work under the direction of the board of health.

Many other sanitary measures, such as the issue of proper building permits, restrictions on saloons, gambling houses, expectorating in houses and about public places, and the regulation of prostitution, might be adopted with advantage, but the most important sanitary necessities have been outlined above.

In this connection I will briefly call attention to the excellent sanitary condition of Pagsanhan, a near-by Philippine town in Laguna Province. Pagsanhan is clean, its people are healthy, and its sanitary condition would indeed be a credit to almost any American city or town. Pagsanhan does not have the advantage of a near-by naval station at which its people can find employment and thereby derive a revenue of $627,600 per annum, as do the natives of Cavite and San Roque, yet Pagsanhan is incomparably the better kept and healthier town in every respect. Of course Pagsanhan has some advantage in natural location, but location can not overcome even partially the filthy habits of a people.

It is of immense importance to every American man, woman, and child in Cavite and San Roque that these two places should be put in better sanitary condition, for some infectious disease like cholera is liable to break out at any time, and when it does, under existing conditions, we will be all but powerless to prevent its spread. A good illustration of the spread of cholera was furnished by Manila only last year. In my opinion, the sanitary condition of Cavite and San Roque is much worse than Manila. It requires no great stretch of the imagination to form a mental picture of the rapidity with which infectious diseases like cholera, plague, or yellow fever would spread through Cavite and San Roque under the present conditions.

I have to respectfully recommend that another strong effort be made to induce the municipal council of Cavite to institute as many as possible of the sanitary measures herein suggested. I further respectfully recommend that the matter be taken up with the director of the board of health of Manila and, if unsuccessful, with the governor-general of these islands.

Fleet surgeon's inspection report of sick quarters, Cavite.

November 8, 1909: These occupy the ground floor of a new building in the navy-yard, the upper story of which is fitted up for quarters for the medical officer. The sick quarters include two offices, rooms for hospital steward and apprentices, operating room, dressing room, dispensary, storeroom, laboratory, a ward containing eight beds, and detached kitchen, bath, and toilet rooms. They afford ample room, are well arranged, lighted, and ventilated, except the dressing room (used for treatment of venereal cases), which is dependent entirely upon artificial lighting and is poorly ventilated.

I found the place clean and the general sanitary condition very good. The ward is sufficiently large for transient cases, severe and long-continued cases being sent to the naval hospital at Canacao.

The present hospital force consists of one medical officer, one hospital steward, and five apprentices. The hospital corps men are fully occupied in care of ward, laboratory, dispensary, and dressing rooms, in venereal prophylaxis, and other work. One apprentice is detailed to superintend the issue of distilled water at the delivering tank, taking up about two hours each morning.

The people coming under the care of the medical officer number as follows:

Officers and their families	about	85
Enlisted men (a number having families)	do	457
Marines	do	372
Civilian employees (66 having families)	do	136
Native navy-yard workmen	do	2,800

By the terms of a contract made with employees coming from the United States they are entitled to treatment for diseases incident to climate and in case of injury. In the absence of civilian physicians their families are also dependent upon the medical officer of the yard. He is also frequently called upon to treat cases of illness among the natives of Cavite, San Roque, and Caridad, whose combined population is about 20,000 and covers a wide area.

Recruiting duty also occupies much of the medical officer's time. For the last six months 305 men were examined for enlistment and all applicants for employment, numbering from 250 to 300 monthly, are also examined.

He has an appointment as acting assistant surgeon in the Public Health and Marine-Hospital Service, and as quarantine officer is required to board all vessels arriving at Cavite and issue bills of health and quarantine passes for baggage. Sanitary inspections and service on boards and courts also take up considerable time.

The occasional occurrence of cholera and other infectious diseases in the vicinity necessitates constant vigilance to prevent extension of diseases among the yard workmen.

Two medical officers are needed for all this work, as one should be constantly in the yard during working hours to attend to injured workmen.

The prevailing diseases among the enlisted force are malaria and dengue. The former is confined almost exclusively to the Marine Corps, the cases being recurrent and attributed by medical officers to exposure on the rifle range at Maquinaya, near Olongapo. Very few primary cases occur at Cavite. Dengue is, however, prevalent. Mosquitoes are abundant, but on account of the press of other work and an insufficient force no active measures toward extermination have been undertaken by medical officers. The detail of a second medical officer to this yard will permit a determined effort at mosquito extermination and, it is believed, cause a consequent reduction in the large number of dengue cases.

Subsequent reports by the senior medical officer stated—

The general sanitary condition of the station for the past year has been good. All buildings, with the drainage and sewerage for the same, are in good condition.

The recommendation of my predecessor is again made for the establishment of a steam laundry capable of handling the laundry of the entire yard. A beginning has been made, but the present facilities are such that it is not possible to handle the laundry of the entire yard.

An ice plant and cold storage should be installed. This would be a great boon for all concerned and would free the navy from its obligation to the army for supplies of meats and to Manila contractors for ice. Owing to the lack of an ice plant and cold storage, the station is frequently during typhoon season without fresh meat or ice.

An excellent lunch room has recently been established at the men's reading rooms, where men on liberty can now be served with clean, well-cooked meals at reasonable prices.

Upon the recommendation of the surgeon of the yard a petroleum squad was established in December, 1909, and placed under the supervision of the assistant surgeon. Numerous breeding places for mosquitoes were petrolized and it is hoped that in time the number of mosquitoes on this station will be appreciably reduced.

It is strongly recommended that if this station be retained as a navy-yard quarters be erected for all officers attached to the station, as at present the condition under which most of the officers have to live with their families is most insanitary. All the houses in Cavite are of the old Spanish type, entirely without modern sanitary arrangements, and filled with the accumulated filth of years, making it impossible to clean them properly. Some of these houses have been fitted with makeshift sanitary plumbing at the expense of the officers living in them.

The diseases prevalent on this station for the year are principally dengue, bronchitis, and kindred complaints. There were some cases of malaria during the year, but in no case was the infection traced to this station. There were seven cases of dysentery during the year, all of which recovered and returned to duty.

During the year there were no cases of cholera in Cavite and but five cases in San Roque. These cases were sporadic and the prompt measures taken by the health authorities checked any epidemic tendency. There were 284 cases of cholera in Manila and 255 deaths during the past year. This is a marked reduction, there being over 1,200 cases with over 800 deaths, during the year 1908.

The general health of the station for the month of March has been good. There were two cases of dengue. On February 2, 1910, a private marine reported at this office suffering with cholera. An immediate inspection of the marine personnel was made and three other cases discovered suffering from cholera or "cholerine." These men were immediately transferred to the hospital, prompt sanitary measures were immediately taken, and there were no further cases. The infection in the first case was traced to Caridad, and a quarantine was instituted against Cavite Viejo, Caridad, and San Roque until Cavite Viejo was officially declared free from cholera, when the quarantine was lifted. All of these cases, fortunately, recovered. At present there is no cholera either in Cavite Viejo, Caridad, or San Roque, and the number of cases in Manila is markedly decreased.

The vaccination of the enlisted personnel of the station was completed during the month. There were 71 per cent of "takes," showing the necessity of careful supervision of the enlisted men as regards vaccination.

Olongapo, P. I.—Attention is invited to the fact that one of the most prolific breeding places for mosquitoes is in the water contained in the bamboo used as fencing material throughout Olongapo. Mosquito breeding in these bamboo cylinders can be prevented if instead of cutting off the stem just below the joint, the line of incision be raised a little. But cutting just above this joint, due to the fact that a diaphragm bridges the cavity at each joint, the cup-like space which is about 8 inches deep, will no longer exist, and mosquito breeding will be prevented to this extent. A visit to Olongapo and investigation of this matter will show that myriads of mosquitoes are breeding in the water contained in the hollow bamboo used for fencing material. Puncture of the bamboo at a low spot in the water container will prevent the accumulation of water and consequently the breeding of many mosquitoes.

Fleet surgeon's inspection report, October 15, 1909: As the town of Olongapo is included in the naval reservation, is the home of most of the native employees, and has an intimate health relation with the yard proper, it may be considered proper to include it in this report.

A notable improvement in its general appearance and condition was at once evident. The large number of dogs and pigs formerly straying about were absent. The streets and yards are clean, surface drainage by trenches on either side of the streets is being maintained, garbage is collected and carted away, latrines formerly in close proximity to dwellings have been removed and placed out over the bay, and the meat dealers in the market, which is frequently inspected, are required to keep meats and other food covered by screens. The bamboo fences surrounding the nipa shacks are being sawed off at the joints, so as to remove receptacles for water, reducing the number of breeding places for mosquitoes. The senior medical officer of the yard has secured the appointment of "presidente de sanidad" of the municipal health board, which has been organized in accordance with the regulations of the Philippine Commission, and also has the appointment of acting assistant surgeon in the United States Public Health and Marine-Hospital Corps, all of which allows him to exercise supervision and gives him great power in the enforcement of sanitary measures, and, as he signs all death certificates, enables him to keep in touch with health conditions.

Prostitutes, of whom there is a considerable number, have been more or less segregated, are frequently inspected, and are under police control. A station for prophylactic treatment after venereal exposure has been established outside of the yard gate, under the constant charge of a hospital apprentice.

The general health of the town is good, the prevailing diseases being of malarial origin, which, it is hoped, can in time be greatly reduced by still further measures toward mosquito extermination and general sanitary education of the natives.

The source of the water supply consists mainly of wells, placed dangerously near the houses, which can, however, gradually be filled in after extending the supply from the yard by additional piping. The yard water is at present carried to a portion of the town, but the number of hydrants is not yet sufficient, while they are too remote to supply the entire town. It would also be well, when funds are available, and if the nature of the locality permits, to consider some other method of sewage disposal, since the placing of latrines over the bay may in time become objectionable and a source of danger. In fact, it is now claimed that some of the sewage is carried along the yard front.

A considerable area of the yard was formerly low, marshy, and covered by undergrowth. This is being filled in by mud pumped from the inner harbor bottom, the general surface raised about 3 feet and graded, and the undergrowth removed. This will be an important factor in eliminating the breeding places for mosquitoes, and will also extend the available surface area.

The water supply brought from springs some distance away is very good, and the existence of an ice plant and steam laundry (the latter for officers and their families) goes far toward prevention of disease. One of the common forms of skin disease among the marines is "dhobe itch," which could be eliminated by the installation of a steam laundry for their use, especially as it appears that the profit accruing from the post exchange is in itself nearly sufficient for its maintenance.

Except for the existence of malaria and dengue, the general health in the yard has been very good. The number of cases of these two diseases have, however, been so great that Olongapo [in this connection see page 82] bids fair to rival in this particular the Isthmus of Panama, even before the latter was placed under sanitary control. And what has been done in the latter place can equally be done in the former. It is now positively known that malarial diseases are propagated by mosquitoes, and there is almost a certainty that the propagation of dengue is due to the same insect. The raising of the yard level and removal of breeding places will go far toward eliminating this pest; but much can be done by screening buildings with wire nettings; this applies especially to the marine barracks, where about 1,100 men are quartered at present and who are the principal sufferers from these diseases. As flies are also carriers of infection, screening of the kitchens and mess halls is especially important. Officers' quarters, sick quarters, in fact, all buildings should be screened.

The principal source of malarial infection of marines has been the rifle range at Maquinaya, about 3 miles distant from Olongapo. In order to be on the spot at the most suitable time of the day (morning and late afternoon), men have been kept on the range over night, sleeping in tents. Malaria and the anopheles mosquito are especially prevalent in this locality. It has frequently been recommended that this site be abandoned or that properly screened buildings be erected to house the men. The latter measure, I understand, is finally under way, and should be pushed to completion without further delay.

Referring again to the presence of sewage along the yard front, this may be due to the fact that the sewer pipes from the yard do not extend sufficiently far into the bay for the sewage to be carried away by tidal currents. As there is a good bathing beach here, this subject is worthy of thorough investigation.

The sick quarters is a wooden frame building, divided into office, operating room, dispensary, storeroom, mess hall, laboratory, rooms for hospital force, bath and toilet rooms, and a ward capable of containing 18 beds, all under one roof, and divided by partitions containing cracks, some of them not extending entirely to the top; owing to the devastation by the white ant, it frequently requires repair; it is of primitive design and at the best only a makeshift. The outer walls are open near the top, admitting air freely, and is an advantage during the dry season, but during a typhoon, owing to this fact, cracks in the wall and a leaking roof, beds frequently have to be moved to the center of the ward to keep patients dry. I found the building as clean as it is possible to make one of this description and having rough, uneven floors containing cracks and holes. Although a room is set apart for operative purposes, the danger of infection in abdominal operations would be great under the present environment.

Since the hospital ship *Relief* has been stationed here, all serious medical and operative cases have been transferred to her, but in the event of the *Relief* being no longer available, the station would be seriously handicapped by the lack of a properly constructed, modern hospital. Canacao is too remote and the means of communication under certain weather conditions too uncertain to make it available for emergency cases. I found the instruments and appliances in good condition and the records properly kept.

In this connection it may not be amiss to refer to the duties of the medical force stationed at this yard. It comprises two medical officers, one hospital steward, and seven hospital apprentices. The population coming under the care of the medical officers is made up of the following:

Officers and their families	about	50
Marines	do	1,100
Employees (when injured)	do	1,300
U. S. S. *Mohican* (personnel)	do	150
Crews of auxiliary vessels	do	150

In addition, the population of Olongapo is about 4,400, and the place being without a civilian physician, the medical officers are frequently called upon in emergency cases (and even to Subic), to which in the interests of humanity they can not well decline to respond.

In addition comes the examination of recruits for the navy, insular force, constabulary, reenlistments, drilling and inspection of the hospital force, and duty on courts and boards. As already stated, the senior medical officer acts as chief sanitary officer of the station, which necessitates frequent inspection and constant vigilance to prevent epidemic disease.

The marine force frequently engages in "hikes" into the interior, sometimes of a week's duration, and they should, while away, and while on the range at Maquinaya, be accompanied by a medical officer. Too, the frequency of parasitic and other diseases incident to the Tropics affords an excellent field for the study of these diseases and dissemination of knowledge regarding them to the profession at large.

The sick bay of the *Mohican* has recently been moved from the berth to the gun deck, and affords ample, well-ventilated, and well-lighted space for treatment of injuries occurring in this part of the yard. The medical department is under the charge of the junior medical officer of the yard, with two hospital stewards. One of the stewards might, with advantage, be transferred to the yard and replaced by an apprentice. The sick, if the cases are apt to continue on the list for longer than a day or two, are transferred to the *Relief*. I found the sick bay clean and sanitary, and the instruments and outfit generally in good condition.

Guam, Mariana Islands.—The general conditions on the island are very good, and while the sanitary conditions are not the best, there is a steady and well-marked improvement each year.

Towns inhabited by natives of the character of the inhabitants of this island are rarely found in as clean and generally satisfactory sanitary condition as are the towns of Guam. This is the universal comment of the medical officers.

In the next year a good water supply will be installed for the town of Agaña, and a well-marked change is to be expected after its completion. The source of supply is good, and there should be a material reduction in the incidence of amoebic disease and, it is hoped, of the worm infections, which now contribute very largely to the death rate, either directly or by rendering the patients more susceptible to other infections.

It is impossible to determine even approximately the percentage of natives infected by hook worm, but it is very high, especially among the children, many of whom must have been infected by mouth.

With the introduction of the new water supply it is hoped that all the wells in town will be done away with and one of the greater sources of infection eliminated. Much of the laundry work is now done in the Agaña River, a small stream running through the town, and many cases of skin infection must come from the use of this water. In a great measure the new water supply will do away with the necessity for using the river water.

The question of disposing of garbage and sewage has always been one of unsatisfactory solution. A rock-pile incinerator is now being finished, and if it proves satisfactory in its operation, as it is hoped it will, the question of disposing of the garbage of Agaña will be settled. One or two others may be constructed in the larger towns, but little can be done in the smaller towns, as there will not be refuse enough to keep the incinerator going.

Of the diseases of the island tuberculosis is prevalent and increasing, due no doubt to two factors, the lowered resistance resulting from bowel infection and the custom of closing the houses as tightly at night as the construction will permit, with, of course, the carelessness of disposal of sputum, which is to be expected of the people of the order of intelligence of these natives. There is no more possible solution for this problem than an educational campaign, which has been started and will be carried out vigorously, with the hope that in time good results will follow. The proper mode of living is being pointed out continually by all the medical officers here, and an effort is made to impress the natives as much as possible with the seriousness of the condition.

Leprosy is apparently not increasing. Twenty-four cases are now segregated, and with the possible exception of one there is no doubt of the disease. The doubt in this case will be cleared up shortly when suitable apparatus for the blood examination arrives. Assistant Surgeon Crow has done excellent work in demonstrating the presence of lepra bacilli in the blood by the sedimentation method employed by Rosenberger in tuberculosis (Naval Medical Bulletin, April, 1910). The results have been so confirmatory that no cases will be segregated in the future without the demonstration of the bacillus in the blood. By making use of this method it is undoubtedly possible to make a much earlier positive diagnosis than has heretofore been possible.

The question of the advisability of recommending the transfer of the lepers from this island to either the colony in the Philippines or the Hawaiian Islands is under consideration, and it is believed that by doing this it will be possible to free the island of leprosy in a short time. Nothing beneficial in the way of treatment has been discovered. From the appropriation "Buildings for lepers, island of Guam," of $15,000 for the fiscal year 1909, maintenance, repairs, new building for insane, etc., amounted to $9,750.18.

Gangosa is very common, although I believe that two and possibly three conditions are being treated under this head. Some cases of inherited or untreated syphilis, others of tropical ulcer, and the third condition where the destruction of the tissues of the face or true gangosa exists, have all been grouped under one head.

Many of these cases yield quite promptly to appropriate treatment, and it is regretted that the colony was placed so far from Agaña as to make it impossible to carry out the treatment as it should be done. It has been recommended that a ward be built on the hospital grounds for the treatment of gangosa of women and children, the funds for the construction to come from the appropriation made by Congress for the care of the lepers and other special cases of the island. A good-sized ward would be adequate for women and children, and I hope that in another year a similar ward can be constructed for the men. The efficiency of thorough treatment properly carried out has been demonstrated on some of the bad cases by bringing them in and treating them in a small building attached to the Maria Schroeder Hospital. The results are so encouraging that one could almost see the end of the gangosa colony if the funds were available to build suitable hospitals where the cases could be treated by the medical officers. Ten thousand dollars would be sufficient for the two buildings. In this disease again it is necessary to educate the native to the point of reporting for treatment before the destruction has been so great that he will be terribly disfigured for life. The field for plastic surgery is enormous, as there are many most unsightly cases on the island that can be greatly benefited by surgical treatment, but unfortunately we have not now the hospital space to devote to the patients. There is ample land already donated to the Government to put up the buildings, and the only money needed will be for the buildings. Food, clothing, and dressings are provided by the special appropriations made each year by Congress.

Guha, or epidemic asthma, has not been so prevalent during the year, and only 16 deaths have been reported from this disease.

From a professional standpoint this is one of the most interesting stations in the Tropics; the amount of work that can be done is almost unlimited, but at present the facilities do not permit of its being undertaken. Over 30,000 visits and calls have been made during the year. Complete equipment for the laboratory and hospital is needed if the work is to be done as it should be and the proper study of the disease conditions carried out.

A training school for native nurses has been started in a modest way in connection with the Susana Hospital, and it is hoped that in time the women who have been through the course of instruction will take up the practice of midwifery. The present midwives are a most incompetent lot, age and ignorance being apparently the requirements. If the new plan succeeds, the licenses of the old midwives will be revoked as soon as an adequate number of the trained women are available.

An account of the hospitals in Guam and the establishment of the new naval hospital will be found in the section headed "Hospitals."

The vital statistics for the year are as follows:

Total population (all native except about 400)	11,899
Births (females, 251)	543
Deaths	283
Increase in population since 1900	2,084
Increase for fiscal year 1909	270
Deaths per 1,000 for 1905	27.8
Deaths per 1,000 for 1906	28.2
Deaths per 1,000 for 1907	24.3
Deaths per 1,000 for 1908	21.4
Deaths per 1,000 for 1909	23.8

Cause of death.

Abscess	1	Nephritis	7
Anemia	4	Oedema	2
Appendicitis	1	Paralysis	1
Carcinoma	4	Patulous foramen ovale	4
Cellulitis	1	Peritonitis	1
Cerebral hemorrhage	1	Poisoning (accidental)	1
Childbirth	3	Premature birth	2
Convulsions	2	Pulmonary congestion	1
Drowning	1	Pyo-thorax	1
Dysentery	16	Ruptured uterus	1
Epidemic asthma	16	Senile debility	9
Fracture of spine	1	Stillbirths	9
Gangosa	3	Stomatitis	1
Gastro-enteritis and colitis	35	Suicide (hanging)	1
Hook-worm anemia	1	Tetanus	2
Inanition	16	Tetanus neanotorum	7
Leprosy	3	Tuberculsois of the lungs	41
Liver abscess	1	Tuberculosis of other parts	6
Meningitis	4	Ulcerative colitis	5
Diagnosis uncertain	67		

Extracts from governor's report, June 30, 1910.—The four medical officers detailed for duty at this station have most zealously and efficiently ministered to the needs of the population and supervised the sanitary conditions of the town of Agaña and the outlying villages.

The natives have a peculiar dread of hospital treatment, although presenting themselves freely at the daily clinics, and it requires much tact and skill on part of the surgeons to overcome their reluctance to submit to necessary operations.

Many cases of disease which now result fatally could, it is believed, be cured did the patients present themselves in its earlier stages.

The health of the islanders for the year has been, on the whole, very good. No epidemic diseases have occurred other than a mild epidemic of gastro-enteritis that prevailed during the earlier part of the year and which, in part, may be attributed to malnutrition, due to a shortage of the rice and maize crops and the consequent use of the dadang or federico nut for food by the poorer classes.

The sanitary condition of the island for the year has improved materially. Habits and customs of generations do not easily yield, but a rigorous enforcement of the sanitary regulations by the authorities is gradually bringing about an improvement in all villages.

Renewed efforts were made during this year to detect and segregate all cases of leprosy in the island. Besides the inspections by the medical officers at Agaña and on their visits to the outlying villages, orders were sent to the several commissioners of these villages and to the hospital apprentices at the dressing stations to report and send to Agaña for examination all suspected cases, both of leprosy and of gangosa, and it is believed that all the existing cases, at least of leprosy, have been brought to light.

Frequent repetitions of these methods will be necessary to detect such new cases as may arise as the natives are much inclined to belittle the disease and to conceal the patients.

Under the head of "Special patients," to whom, equally with the lepers, the annual appropriation applies, are included those afflicted with the equally dreadful disease, gangosa, to the study of which the medical officers have devoted much time and care. As a result 22 cases originally diagnosed as leprosy have been found to be gangosa and segregated as such in Ypao. It has been found possible to release, provisionally, 35 cases of gangosa, of whom 14 had been originally segregated under the diagnosis of leprosy; each was given written instructions as to treatment to be followed and directed to report for examination on fixed dates. The results have been most satisfactory, and only one case had to be returned to the colony. It is believed by the medical authorities that the disease is becoming less prevalent.

Improvements for the comfort and more rigorous segregation of these unfortunates have been made as required, and a large phonograph, records, pictures, and other articles for their entertainment have been furnished from funds raised by the charitably inclined members of the naval colony and residents of Agaña. A small house for the detention of insane patients, of whom there are several violent cases in the island, has been built on the borders of the segregation colony.

Tutuila, Samoa.—The health of the command has been excellent, 2.46 per cent sick for the year against 2.97 per cent last year; but nearly all of the crew of the station ship show the effects of tropical climate, and the recommendation is reiterated that the station ship make a visit of at least one month each year to either New Zealand or Australia.

In December, 1907, the medical officer recommended that mosquito nets be supplied all of the naval personnel sleeping in quarters not thoroughly screened, and requisition was made by the equipment officer in January, 1908, for 72 nets. After repeated recommendations on the subject by the medical officer and reiterated requisitions by the equipment officer the nets were at last received in March, 1909, and put in use April 1, 1909.

The advisability of this measure is already shown by the fact that during the fourth quarter of 1908 there were 6 admissions for lymphangitis, for the first quarter of 1909, 3 admissions, for the second quarter, 5, and for the third and fourth quarters, none, the first quarters for many years in which there have been no admissions for this disease.

We are informed that the machinery for an electric-lighting plant for the station is about to be shipped. This will be an important item in the health and comfort of the station, and upon its installation offers the opportunity to equip the hospital with an X-ray apparatus.

The water supply of the station is good but often inadequate, and so situated that eternal vigilance is required to prevent its contamination. A source of supply advocated by the captain of the yard in his annual report, June 30, 1909, could be made available at small cost, would be ample for all needs, and practically beyond chance of contamination.

The establishment of a board of health, which is dealt with more fully in the special report on uncinariasis (published in Naval Medical Bulletin), is an important advance in the sanitation of the island. About 50 per cent of the natives were found in December, 1909, to be infected with "hookworm," and 25 per cent of the native "fita-fita" guard. The text of the governor's proclamation, "An act to preserve the public health," dated February 19, 1910, follows:

"*Be it enacted by the Governor of Tutuila, as follows:*

"1. The short title of this regulation shall be 'The Public Health Regulation, 1910.'

"2. A board of health is hereby constituted to be appointed by the governor, and to consist of three members, one of whom shall be the senior medical officer of the United States naval station, Tutuila, Samoa.

"3. Said board of health is hereby empowered and directed to make and publish health regulations, subject to the approval of the governor, to apply to every part of said colony, or to any part or parts of said colony that the said board of health may direct.

"4. Said board of health is hereby empowered and directed to make such orders as may properly be, in the discretion of said board of health, within the purview of any municipal or state board of health in the United States; said orders to prescribe the number of days wherein any such order shall be complied with: *Provided, however,* That no extension of any period by said board of health shall in any way operate as a nullification of any such order. All orders of the board of health must be approved by the governor.

"5. Each village and the owner and occupier of each foreign house shall provide one or more latrines of suitable character and design, and the officials of each village and the owners and occupiers of each foreign house shall be required to provide and maintain such latrine or latrines in a clean and sanitary condition.

"6. The defecation by any person in any place other than a properly constructed latrine, is and shall be considered a breach of this regulation.

"7. Upon conviction before the court of any violation of this regulation, or of any violation of any health regulation or of disobedience to any lawful order of said board of health, the offender shall be sentenced to pay a fine of not less than five dollars and not to exceed one hundred dollars, or by imprisonment in the jail with or without hard labor, in the discretion of the court, for a period of not less than ten days and not to exceed six months, or both fine and imprisonment in the discretion of the court."

In April last one of the herd of steers imported from Auckland, New Zealand, by the purchasing pay officer, was found to be infected with tuberculosis. A rigid examination of the entire herd was made, which resulted in the ultimate condemnation of six steers on account of pulmonary or visceral tuberculosis.

In this connection I would also earnestly recommend the prompt and total suppression of the dispensing of medicines to the natives by unauthorized persons.

The chief offenders in this respect are certain missionaries, with no medical education and insufficient knowledge, and who attempt to treat all manner of cases and to administer the most powerful and dangerous of drugs, of which, I have found upon investigation, they have not the slightest knowledge of the therapeutic action or dosage.

Whatever it may have been in the past, the necessity for the dispensing of medicines to the natives by the missionaries does not exist at present, for within a few miles at most of where they receive medicines from a missionary for which they must pay, they can consult a qualified medical practitioner detailed by the Government and authorized to dispense medicines free of charge.

On February 9, 1910, the governor issued a proclamation prohibiting the importation and sale of opium or any preparation containing the drug in the United States naval station, Tutuila.

It is recommended that a small number of native women from various parts of Tutuila and Manua—two to four at first—be designated as probationary midwives, that they be given a ration or small salary by the insular government, and kept under instruction at the hospital until such time as the medical officer may judge them fit to be licensed to practice as midwives.

It is hoped in this way to disseminate the rudiments of aseptic midwifery among the natives and in some measure to decrease the present high percentage of infections following deliveries by a horde of old women who do not hesitate to thrust a filthy hand even into the uterine cavity.

It is also recommended that a small number of native men be designated as students under similar conditions and kept under instruction at the hospital for two or three years or until such time as the medical officer may deem them qualified to return to the outlying districts to practice medicine to a limited degree under the supervision of the medical officer. This plan has been followed in Fiji and found satisfactory.

It is believed that qualified midwives and limited practitioners of this class in the outlying districts could be made useful to the medical officer in the sanitation of the island, in discouraging devil doctoring, in dressing minor surgical cases, and in persuading the more seriously ill to come to the hospital for treatment.

NAVAL ACADEMY AND MIDSHIPMEN.

Table 19 shows the admission rate for all causes and for contagious, skin, general digestive, respiratory, genito-urinary, eye, and heart diseases, as well as for neurasthenia, to be much higher for midshipmen than for the service at large, or for any other groups except apprentice seamen. This does not indicate that they are necessarily so much more subject to all of these classes of affections, but that they are under closer supervision and are more apt to report for early treatment than are other groups of the naval personnel. Skin diseases seem to have been largely of a parasitic nature, and may have relation to the use of the swimming tank, in which the water has been reported as not being changed sufficiently often. The undue prevalence of diseases of the digestive organs is believed to be due to the ingestion of food frequently received from sources outside the mess hall, and in a considerable measure to athletic exercise too soon after meals. The medical officer in charge of physical training has recently revised the dietary of the training table, which usually applies to about 100 midshipmen, with view to a considerable reduction in protein.

The investigation of bony development by the Rotch system of radiographic study of relative ossification of the bones of the wrist has been continued to practical completion, but the conclusions have not yet been made nor results published.

The following table gives the average strength, weight, height, and age for each class for 1910:

Class.	Number of midshipmen.	Average strength.	Average weight.	Average height.	Average age.	
		Pounds.	*Pounds.*	*Inches.*	*Yrs.*	*Mos.*
1910	133	6,346	146.2	68.3	22	4
1911	201	6,395	146.1	68.2	21	3
1912	190	6,397	146.3	68.1	20	6
1913	191	6,099	144.1	68.2	19	4
All midshipmen	715	6,309	146.6	68.2	20	10½

Extracts from annual sanitary report:

Two deaths occurred away from the academy, one from appendicitis and one from typhoid fever.

The professional services of the medical officers on duty at this station are only in part exhibited by the statistical returns, which relate only to officers, midshipmen, and enlisted force at this station. There is an increasing number of families of officers at sea, on the retired list, of enlisted men at sea or attached to this station, a number of retired officers and men resident in the city of Annapolis who avail themselves freely of the medical supplies and professional services, requiring almost the entire services of one medical officer. The enlisted men serving on the ships attached to the station are allowed to live ashore and must when sick be attended prior to transfer to hospital.

In addition to calls for professional attention from civil employees, workmen about the grounds, servants in officers' families, and the families resident at the academy make up a sum of service which involves considerable labor and the expenditure of much time in making professional visits to both patients within the academy grounds and those residing in the city of Annapolis. When it is considered that the distance covered in a single visit may be from 2 to 4 miles and that there is no conveyance for this purpose, it will readily be seen that much time and energy is wasted en route and the number of calls necessarily limited. A suitable conveyance would relieve much strain and favor a more efficient discharge of official obligations now placed upon the medical officers by the regulations.

The following memoranda give an approximate idea of the number of persons requiring medical aid and entitled to the same:

Midshipmen	775	Tailor shop and store	15
Ships	466	General store	20
Marines	240	Masters at arms	8
Officers, instructors, etc	186	Members of families of officers on active list.............about..	930
Officers on retired list	26	Members of families of officers on retired list.............about..	130
Buildings and grounds	320		
Mess hall	117	Total	3,322
Laundry	40		
Experimental station	23		
Marine engineering	26		

Attendance upon the above, exclusive of midshipmen and enlisted men within the station proper, occasioned during 1909 2,804 visits, 2,305 office consultations, 12 confinements, 22 gynæcological and 11 surgical operations. The total number of original prescriptions compounded was 3,249.

The food, ventilation, clothing, and bathing facilities, and all hygienic matters relating to the midshipmen are excellent, and every possible effort is daily being made to keep them up to a high standard.

For some time there has been much anxiety as to the cause of so much eye trouble among the midshipmen. So much attention had been given to this condition that in May, 1909, Medical Inspector Gatewood was ordered to make a special report and examination especially bearing upon the question of artificial illumination of the study rooms at the Naval Academy and to recommend such changes as to reduce to a minimum such eye strain as may have been incident to faults in the present system of lighting. In his report to the Secretary of the Navy the estimated cost of $10,000 was submitted as necessary to overcome the dangers and inconvenience of the present lighting system. This sum was not appropriated, and the conditions remain as stated in his report, with the exception that a slight attempt has been made with the means at hand to relieve a very small part of the eye strain by painting the tops of the tables a dull light green. This, I believe, has been a decided improvement from the reflection from the formerly polished surface.

Subsequent to the date of this report and following exhaustive research and recommendations made by Civil Engineer Parsons and Passed Assistant Surgeon H. W. Smith, the work of retinting the study rooms (pale green) and supplying tungsten lamps with stalactite globes has been undertaken and should be completed before the next school year begins.

Results of examinations for manifest error of refraction preliminary to sending patients to service specialist for the year ending December 31, 1909.

Disease or refractive error.	Midshipmen.				Officers, enlisted men, and their families.	Total.
	First class.	Second class.	Third class.	Fourth class.		
Myopia		3	4	2		9
Hyperopia	8	2	5	11		26
Myopic astigmatism	1	4	7	4		16
Hyperopic astigmatism	13	16	11	10		50
Compound myopic astigmatism	1	2	6	2	1	12
Compound hyperopic astigmatism	1	2	3	3		9
Ptergyium	1		1		1	3
Asthenopia	5	1	2	5		13
Conjunctivitis			1			1
Retinitis			1			1
Total	30	30	41	37	2	140

Aside from the above, the following complete examinations were made under cycloplegic, and glasses ordered:

Disease or refractive error.	Midshipmen.				Officers, enlisted men, and their families.	Total.
	First class.	Second class.	Third class.	Fourth class.		
Myopia	7	2	1		2	12
Hyperopia	3	3	4	3	15	28
Myopic astigmatism			6	1	1	8
Hyperopic astigmatism	1	8	5	11	7	32
Compound myopic astigmatism		6	7	3	6	22
Compound hyperopic astigmatism	3	5	10	17	43	78
Mixed astigmatism	1	1	2		3	7
Presbyopia					12	12
Emmetropia	1				1	2
Asthenopia				1		1
Anisometropia				1		1
Total	16	25	35	37	90	203

On one of the ships (*Olympia*) of the summer practice squadron the medical officer observed:

In several instances it was determined that individuals known to be nearsighted could not read signals without the aid of glasses at the usual cruising distance of the next ship astern (400 yards).

It is recommended that instead of the present dispensary a separate building, planned for the purpose, be constructed at this station, similar in design to such dispensaries at other navy-yards.

The location of this building should be more central than the present dispensary, preferably near Maryland avenue, and thus convenient for the families who live at each end of the yard, as well as for those who have quarters in town.

Many more house visits are now made, owing to the inaccessibility of the dispensary and other discomforts attendant upon an office visit.

There is no proper waiting or examining room, and the offices for the surgeons and staff are damp, gloomy, and unsuitable for the purpose.

The driveway beneath the colonnade, where the present dispensary is situated, is open to carriages, bicycles, and automobiles, thus being dangerous at all times for children and adults.

A suitable building would facilitate the increasing work of the medical department. It should provide an office and waiting room for the senior medical officer; an office and examining room for the surgeon detailed as "officer of the day," or attendant upon families; a well-equipped dispensary and an office for the pharmacist and clerical staff adjacent to the senior medical officer's office, besides large storerooms, closets, etc. If constructed with a second story, it would provide quarters for the pharmacist, or stewards, and thus make it possible to have prescriptions filled at all times without sending to the midshipmen's sick quarters, which is now necessary between 5 p. m. and 8.30 a. m.

MARINE HEADQUARTERS AND DETACHMENTS.

The movement of disease and development of physical defects in the Marine Corps have been generally discussed in previous chapters and in extracts from sanitary reports from foreign stations. Aside from the work recorded with marines at Camp Elliott, Canal Zone, and in the Philippines, the only expeditionary work in which they were subject to special medical observation was on the transports which conveyed two detachments and held them in readiness for service in Central America in December, 1909; the regiments were landed only in the Canal Zone and health conditions were excellent.

As already stated, an unduly large number of medical surveys has been held upon recruits in this corps, due chiefly to the inexperience or unreliability of civilian physicians conducting examinations at recruiting stations.

The senior medical officer at the marine barracks, Washington, D. C., stated:

> In this connection I beg to invite attention to the very large number of boys who are accepted at recruiting stations with hypertrophied tonsils, and those of no moderate degree, but in many cases excessive. Of all persons accepted as duly qualified physically for the United States Marine Corps, those who are to learn to play the bugle should be equipped with the best breathing apparatus that nature can supply. I firmly believe that where these enlarged organs are present, generally associated with adenoids, they must and frequently do interfere directly with the proper proficiency on that instrument. Many are the instances where the pupils tell me their throats hurt them after practice, and inspection reveals the cause. This is aside from the fact that hypertrophied tonsils are efficient catch basins for all morbific germs, for all varieties of irritating dust and floating particles, ever ready to excite an attack of acute follicular tonsilitis, which may not be limited to the patient, but may spread to his companions. Hypertrophied tonsils should be an absolute disqualification for all apprentices to learn music. I have not rejected for this cause those already passed at other recruiting stations, as I have found them generally willing to submit to operative relief, but this does not alter the question.
>
> The total number of reexaminations for 1909 was 69; of these 23 (33 per cent) were rejected for the following reasons, subsequently surveyed, and finally discharged as unfit:
>
> 1. Deformity, hammer toes both feet.
> 2. Overlapping little toes both feet.
> 3. Flat feet.
> 4. Flat feet, corns, weakness right ankle.
> 5. Flat feet, ingrowing toe nails, both great toes.
> 6. Flat feet, unable to march.
> 7. Hammer toes, corns.
> 8. Corns, hammer toes, callous patches, flat feet, ingrown toe nails.
> 9. Hammer toes, corns, slight flat feet.
> 10. Flat feet.
> 11. Instability of nervous system, asthma, and bronchial catarrh.
> 12. Defective vision, right eye 12/20, left eye 15/20, hammer toes both feet, bunions both feet, history of chronic dysentery.
> 13. Flat foot, right, extreme degree, result of old injury.
> 14. Corns, hammer toes, callous patches both feet.
> 15. Extreme nervous instability, not duty, excessive use of alcohol and tobacco.
> 16. Callosities soles feet; beginning bunion left foot, overlapping toe left foot.
> 17. Extreme degree of flat feet.
> 18. Extreme degree of flat feet.
> 19. Bunions both feet.
> 20. Hammer toes and corns.
> 21. Extreme flat feet.
> 22. Deafness right ear almost complete.
> 23. Stiff knee, result of old injury.
>
> Save in one instance, they were originally examined by civilian doctors, employed at the various recruiting stations throughout the country, and sent here for verification and subsequent duty. With hardly an exception, all this unfitness for the service should have been detected at the first inquisition and the candidate rejected forthwith. The great expense of sending these persons here and returning them to their places of

enlistment, added to the charge of maintenance, partial outfit and pay, until the surveys were made and approved, would thereby have been avoided. The disqualifications were of such a nature and so marked that in no case was the recommendation for discharge from the service disapproved by the bureau.

Eighteen of these were rejected for extreme deformities and disabilities of the feet. Armies of the present day march more on their feet and less on their bellies, owing to the improved commissariat, and these must be sound and capable of carrying individuals and their accouterments without giving way, even under strenuous conditions. Straggling from bad feet will often deplete the ranks. This fact may not be sufficiently realized by the average civilian examiner, his investigations may be too superficial, his better judgment may be overshadowed or unduly or unwisely influenced by the statement of the applicant, who in his eagerness to enter the service is not apt to lay stress on his points of least resistance, but on the contrary is inclined to undervalue or to conceal them.

The experience at Philadelphia was much the same, although the percentage finally rejected was much lower.

Recruits reexamined on arrival from recruiting stations number 545, and of these 47 were rejected for defects as follows:

Defective vision	10	Ozaena	1
Heart disease	5	Spinal curvature	1
Deafness	3	Obesity	1
Chronic ear disease	3	Dementia	1
Tuberculosis	3	Deformed skull	1
Underweight	3	Poor chest development	1
Color blindness	3	Chronic periostitis	1
Flat feet	2	Poor physique	1
Rupture	2	Varicose veins	1
Defective teeth	2	Deformed right index finger	1
Secondary syphilis	1		

It is believed that the civilian examiners who have passed these recruits are not sufficiently impressed with the necessity of giving all parts of the examination their personal attention and particularly testing most carefully the applicant's vision.

The statement made by some recruits that their eyes were not examined or were examined only by an enlisted man is in some cases so fully confirmed by opthalmoscopic examination that is must be accepted.

Report on marine barracks at Annapolis, Md.:

During the year the sanitary condition of the barracks has been very good. At all inspections the entire barracks have always been found very clean and the sanitary condition satisfactory. Although a comparatively new building, there is no system of ventilation other than the doors and windows, but as the windows are many and well arranged for this purpose, good ventilation can be secured, providing the window sash is properly adjusted; however, this is often neglected, and in consequence the air in some rooms remains practically unchanged during the entire night. This condition, in the opinion of the medical officer, is directly responsible for many of the colds now prevalent among the men.

The guardroom, which is occupied by members of the guard during their tour of duty, contains about 5,376 cubic feet of air space. The average guard consists of from 18 to 21 men. As two-thirds of this number are in the room at all times, both day and night, it will readily be seen that the air space per man is much less than that required. This room differs from the others in that it has windows at one side and one end only. With these it would be impossible to have ideal ventilation, but fairly good ventilation could be secured without creating a draft if the sash in each window were properly lowered: this is never done, and the air in the room is often noticeably bad.

The cleanliness in the mess hall and kitchen deserves especial mention. The food served is of a uniformly good grade and well prepared. Men suffering from venereal or other infectious diseases eat at a table set aside for this purpose, and the dishes and other utensils used are boiled after each meal.

The gymnasium, which is located on the third floor, is well equipped and accessible to all the men at the post. There are mats, horizontal and parallel bars, traveling and swinging rings, Indian clubs, dumb-bells, wands, chest weights, medicine balls, a rowing machine, and punching bag. Instruction in the use of these is given by a competent noncommissioned officer. A certain amount of gymnasium work is compulsory.

The main toilet located in the basement is well ventilated and the continual use of disinfectants makes the sanitary conditions excellent. Separate bath tubs and wash bowls as well as seats are set aside for the use of men suffering from venereal or other contagious and infectious diseases.

During the year there have been 780 officers and men at this post, the present monthly complement being about 217. During the last quarter 136 recruits have been received from the various recruiting stations. Immediately upon their arrival here they were reexamined, their records verified, and each man vaccinated. Of the 109 vaccinated 62 (56 per cent) have been successful.

There were 238 admissions to the sick list; of this number 105 were discharged to the hospital and 14 invalided from the service. Of the number invalided from the service, 10 were rejected upon reexamination immediately following their arrival from the recruiting office, the disabilities in each case having existed prior to enlistment.

The admissions to the sick list are further classified as follows:

	Number of admissions.	Number to hospitals.
Venereal	95	32
Contagious	21	14
Scabies	9	7
Trichophytosis	5	4

Since the use of the prophylactic treatment was begun the decrease in the number of venereal cases has been decidedly noticeable. Instructions in first aid have been given periodically, the time usually devoted to this being the periods on days when inclement weather prevents the usual out-door drills.

The importance of discovering cocaine habitues early, before they can teach others in the service the degrading practice, is shown by the following extract from the report from Peking, China.

In order to promote the health and morale of this command it has been the endeavor of the medical officer to eliminate those unfortunates addicted to the use of cocaine. To date six men have been apprehended and surveyed.

In November an anonymous letter was received by the chargé d'affaires and referred to the commanding officer to the effect that several men of this guard were addicted to the use of cocaine. Previous to this time two men had been under surveillance and had acknowledged the habit.

Investigations were now conducted in a more serious manner, and it was learned that the offenders would aggregate a possible dozen.

On December 17, a man of previously good character returned from liberty suffering from the effects of an overdose of the drug. This man stated that he had contracted the habit from another well versed in the agreeable sensations experienced.

The commanding officer had given his approval and cooperation to the crusade, and three more men were now subjected to an examination. It was necessary to depend entirely upon an examination of the nasal fossæ. In each instance an ulcerated condition of the Schneiderian membrane was noted as a result of cocaine snuffing. The patches or ulcerations resemble somewhat the mucous patches of syphilis. The epithelium becomes macerated and disappears. The papule, originally small, spreads. The center becomes gray or opalescent and the edges form a definitely defined irregular margin. The inflammation oftentimes progresses, and one case has come under observation with a perforation of the nasal septum incident to necrosis. Thus in this instance nasal examination has proved effective in detecting five of the total six cases, for each patient subsequently confessed to this habit.

The five cases recorded include the two which came under observation prior to November.

In three of the total six cases the habit antedates enlistment.

The remaining three are but beginners, for they have learned the habit since arriving in Peking from those who had acquired it prior to enlistment.

This is of paramount importance, for it clearly indicates the direction in which the evil must be eliminated.

In my limited experience I have been able to successfully diagnose 10 cases of cocaine snuffing from ulceration of the nasal fossæ, and I respectfully suggest that recruiting officers be instructed to make a careful examination of the nasal chamber, with the object of detecting such lesions.

It may be coincident that in less than a year and a half I have noted 20 cases amongst the enlisted personnel of the service. Certainly the habit is not uncommon.

In civil life the evil is progressing, and this increase will of necessity have its influence on the recruiting office.

No mental degenerate can hold civil employment for very long, nor should he be tolerated in the military service. The remedy is evident.

In this connection it is of interest to note that recently in a memorial presented to the Throne by one of China's viceroys, the attention of the Government was called to the fact that since laws have been established restricting the sale and use of opium the Chinese in no small numbers were finding consolation in cocaine.

HOSPITALS.

The bureau has undertaken to continue to the present time the history of the development of each naval hospital from 1893, when Medical Inspector Gatewood's valuable "Notes on Naval Hospitals" was published in the annual report; while originally intended for this report, its publication as a separate document becomes necessary on account of the advance in the date on which material must be submitted for printing. As is generally known a programme for the comprehensive rebuilding or renovation of nearly all naval hospitals has been undertaken, the extent being already indicated in the tabular statement in the section headed "Construction completed, undertaken, and contemplated." For the present the condition of the naval hospital fund will admit of obligation for very little new work, and only such as seems absolutely demanded for the care of the personnel or conservation of such buildings as promise future serviceability will be recommended. New 150-bed hospitals of an adopted type are under construction at Portsmouth, N. H., Chelsea, Mass., and in Newport, R. I.

A new building at the hospital in Brooklyn, N. Y., is under construction, while the old building has been renovated to serve as quarters for female nurses; this establishment will within a few years require extensive renovation at an expense of at least $200,000.

At Philadelphia the hospital building has been entirely renovated and the power house of the Naval Home enlarged at an expense of $15,000 to meet the combined needs of both institutions; separate accommodations for patients suffering from contagious disease are adequately found in the main building; quarters for medical officers are the only notably lacking feature.

The new buildings for contagious diseases and the Hospital Corps at the Naval Medical School Hospital in Washington should be completed and furnished during the latter part of this year, when the old hospital at Pennsylvania avenue and Ninth street SE. can be disposed of; three sets of quarters for medical officers, a building for sick officers, and one for the female nurses are also nearing completion.

The new wards, quarters for medical officers and female nurses, and a contagious hospital have been completed at Annapolis, Md.

The establishment at Norfolk, Va., is now complete.

The improvised hospital at Port Royal, S. C., through the efforts of the medical officer and Hospital Corps attached meets present needs, but should the complement of the station materially increase further quarters would be required; the same comment would apply to Charleston, S. C., for which a hospital will be required if the station is developed to any extent.

The $25,000 which has been available for a hospital at Pensacola, Fla., is of course inadequate, and the allotment of an additional sum will probably be sought; the old hospital has reached such a state of dilapidation as to be a disgrace to the naval service; the $6,000 provided for a dispensary is also insufficient for a new building and far more than would be justified for repairs.

The 12-bed dispensary building at New Orleans (Algiers) has seemed to meet present needs.

San Juan, P. R., has temporarily adequate accommodations for all patients, while no outlay has seemed justifiable at Guantanamo, Cuba, pending the selection of a site for a naval base in Caribbean waters for which the *Solace* now provides hospital service.

At the Great Lakes station in North Chicago, Ill., the new 100-bed hospital has been completed, together with 3 sets of quarters for medical officers, garage and laundry, and stables; power will be obtained from the central plant of the training station; the only bid for buildings for contagious diseases and female nurses was so greatly in excess of estimates that the plans will doubtless have to be revised.

The work undertaken at Las Animas, Colo., is approaching completion and nothing further is contemplated beyond a limited expansion to meet the needs of the gradually increasing personnel.

The new surgical pavilion and power plant at Mare Island, Cal., are practically completed; a new building for female nurses has not been determined upon.

One 2-ward wing of 60 beds and the administration building of the new naval hospital at Puget Sound are practically completed; quarters for medical officers are yet to be provided, while the other usual accessory buildings await the future growth of the yard.

No outlay of money is contemplated at Sitka, Alaska, pending the acquirement from the Department of the Treasury of the "Crow's Nest" property, which will be admirably adapted to the limited needs of this isolated station.

Quarters for female nurses have been completed at Canacao, P. I., a laboratory has been provided, and it is proposed to convert the stable into a storehouse.

The hospital ship *Relief* has been designated as the United States Naval Floating Hospital, Olongapo, P. I., pending the establishment of a 2-ward tropical hospital of 50 beds and a power plant on a site yet to be selected. When a suitable hospital has been provided for this station motives of economy will undoubtedly call for some disposition of the *Relief*.

The bungalow formerly used as quarters for the commanding officer at Yokohama, Japan, has become so deteriorated that safety has demanded its demolition; the junior medical officer now lives within the recently completed hospital. No new hospital construction, such as a suggested contagious hospital, is contemplated for Yokohama, although an operating room may be provided within a few years.

As already noted $6,000 has been allotted for the building of a naval hospital at Agaña, Guam, M. I., and the establishment of this new institution calls for the recording of the following hospital history of

Guam, which has been compiled in the bureau during the past summer:

During the latter part of the Spanish régime and the first part of the occupancy by the United States sick were treated in a small "cascao"(a form of rock held together by mortar and sand, much used for building material) building, termed the "Hospital." Here was established naval sick quarters by the United States in 1899 when the *Yosemite* brought fittings for a hospital.

Hospital land.—Acquired by island government for hospital purposes from various Chamoros (natives of Guam) on February 1 and April 24, 1900, and April 13, 1901. This tract is about 0.414 acre, the north line being 214.50 feet in length, the east line 92.83, the south line 209.08, and the west line 121.92.

Maria Schroeder Hospital.—Founded April 22, 1901, by subscription of 1,800 pesos and a gift from the island government of 1,800 pesos; built under direction of island government. The main building is of cascao and wood (the first story or basement of stone, second story of wood), faces west, and is 91½ feet long and 35 feet wide, outside measurements, being divided into two wards; total capacity 20 beds; a dispensary, office room, and mess room for hospital corps men. At the north end a wing (added in 1906) extends eastward 53½ feet long and 24 feet wide, containing operating room and laboratory. To the east of the center of the main building is a small structure 33 by 18 feet, used as kitchen and mess hall. Both these accessory buildings are constructed as is the main building and are connected with it by covered porches.

These buildings have been occupied by the navy as "sick quarters" since 1902, the United States Government paying the island government $62 gold as monthly rental. One ward was used for native, the other for Caucasian males.

Arrangements are complete whereby the island government will cede outright to the United States this land and these buildings without conditions, the transfer to take place upon the completion of the naval hospital now under course of construction.

Susana Hospital.—In October, 1905, the Susana Hospital Association was founded by subscription from private individuals, the largest of which was $10,000 from Mrs. Russell Sage, and known as the Russell Sage fund, the entire sum being known as the Susana Hospital Association fund.

The association rented from a native for the sum of $35 gold a month an old "cascao" building and fitted it up as a hospital. It was supported by the income from the association fund, 50 pesos a month from the island treasury, results of sales made from Susana dispensary (run in connection with hospital), rental of special room to Caucasian patients, returns for subsistence and treatment from patients who were able to pay.

This building consisted of a basement (or first floor), in which were dressing rooms for out-patients, storerooms, and dispensary, and a second floor, consisting of a small general ward (capacity 4 beds) and two private rooms, one for Caucasians and one for natives. A small building connected by a terrace was used as a kitchen.

In February, 1909, the association purchased these buildings and a considerable tract of land surrounding them.

On December 10, 1909, a severe earthquake rendered the Susana Hospital for Women and Children untenable. The building was over one hundred and fifty years old and said to have been the oldest on the island. Because of the method of construction it had been rendered weaker by each earthquake, as proper repairs could not be made without much tearing out of the damaged parts and rebuilding. This had not been done, and earthquakes of more or less severity are monthly occurrences. Upon razing the old building many of the timbers supposed to be sound were found to be badly decayed, and it was fortunate that the whole structure did not collapse and bury in its ruins many women and children.

At the intercession of the governor of the island, the United States (Secretary of the Navy) agreed to appropriate $6,000 from the naval hospital fund for the construction of a hospital to which women and children should be admitted, provided that it should be known as the "Naval Hospital," Guam, M. I. In order that this might be rendered possible, the Susana Hospital Association ceded to the United States Government on January 24, 1910, a portion of its property, the only proviso being that a hospital "for the use of women and children" should be built upon it. This building is not to be used for gangosas. The tract is 0.672 acre, the lines on the north and south being 105.42 feet and on the east and west 277.52 feet.

No endowments, annuities, or benefits were transferred by the Susana Hospital Association, and it still retains certain lands to the east which can be used for hospital purposes only.

The two pieces of land, namely, that to be ceded with the Maria Schroeder Hospital and that already ceded by the Susana Hospital Association, adjoin, the latter being immediately to the south of but extending slightly farther to the west (16 feet) of the former. The resulting plot has upon its north a public highway (Calle San Juan Deletran), to the east private property and Susana Hospital Association property, to the south the land is owned by the island government, and to the west by the Roman Catholic Church.

New buildings now under construction upon the tract ceded by the Susana Hospital Association—Naval hospital: To be built with the $6,000 from naval hospital fund and to be available for women and children, 50 feet to the south of and on the porch line of the Maria Schroeder Hospital, facing west, 90 feet long and 25 feet wide, with 10-foot porches, covering ground area of 45 by 110 feet first floor (basement) reenforced concrete, second floor frame.

Hospital for women afflicted with gangosa: To be built with $4,500 from the "leper and gangosa" appropriation, 45 feet to south of and on the porch line of the naval hospital, 45 by 110 feet, including porches; first floor (basement) reenforced concrete, second floor frame.

The Maria Schroeder and Naval Hospital (when completed) will give a capacity of 50 beds. In case of emergency their porches and the gangosa hospital (female) may be used, giving a capacity of 200 beds.

Suggested construction upon the tract ceded by the Susana Hospital Association—Operating room: Reenforced concrete building, 45 by 20 feet, to the eastward and between the naval hospital and the gangosa hospital (female), to contain operating, dressing, instrument, and sterilizing rooms.

When the buildings at present underway and the proposed construction is complete, the United States will be in absolute possession of the two tracts of land referred to above, the Maria Schroeder Hospital, the naval hospital, the gangosa hospital (female) and the operating room building. All buildings are to be connected by covered porches.

It is proposed by the Susana Hospital Association to erect a building in the northeast corner of their remaining property for the use of maternity cases, severe operative cases, and as a dormitory for native nurses (female).

Hospital corps men attached to the naval station formerly slept on the porches of the hospital (Maria Schroeder) in rooms formed by temporarily screening off odd corners. Since 1903 they have occupied as quarters two "cascao" buildings across Calle San Juan Deletran to the north and east of the Maria Schroeder Hospital. These buildings are rented from Chamoros.

In general, it should be stated that it will be the bureau's endeavor to obtain, so far as varying conditions permit, uniformity in organization, administration, and equipment of hospitals, and to this end the importance of a uniform system of inspections by experts conversant through experience with the needs of the service and approved methods is emphasized. A type technique for operating rooms and laboratories is already being considered. The commissary problem is gaining greater attention and unless a commissary corps is developed there will be need for an increased allotment for pay of civil employees who at best can not be expected to render the services required for properly meeting the dietary needs of the sick; with a commissary corps of stewards and cooks attached to the medical department it would be important to provide the services of one or more women dietitians, trained in the chemistry of practical cooking to visit hospitals and by unifying the systems, while improving the service, economy would be at once promoted. The commissary corps might receive instruction in connection with the cooking school at Newport. Attention is invited to the table of surgical operations to be found in the statistical section.

Extract from report of Naval Medical School Hospital, Washington, D. C.:

The accommodations for enlisted patients is ample for this station and apparently there will be no expansion of the hospital necessary so long as the enlisted force is not increased much beyond its present strength. The number admitted is, indeed, higher than ordinary demand, as it includes an overflow transferred from the naval hospital at Norfolk during extensive rebuilding work going on at that institution during the year, although on the other hand the reduced number of marines at the barracks since the departure of the Nicaraguan expedition in October would again tend to approximate the admissions to a normal annual rate.

This has not been the case in regard to officers, as a large proportion of them have been received from ships in commission at sea, from other stations and from officers on leave, waiting orders and on the retired list. Therefore it has been found necessary at times during the year to put two officers in a room, to await a vacant room, or to discharge a few from hospital as early as safety permitted in order to make room for others. With the completion of the new building for accommodation of officer patients ample room will be afforded by the addition of 20 new beds.

A marine guard reported for duty at this hospital June 14, 1910, consisting of 1 gunnery sergeant, 2 corporals, and 15 privates.

A prison for the safe-keeping of court-martial prisoners transferred as patients to this hospital was fitted up, a room under ward D being found suitable for the purpose; this is commodious, well secured by means of bars in the two windows and a steel door with strong bolts and a trap door within the larger door for ready inspection. This prison ward is also heated by means of radiators placed near the ceiling.

The annual report from naval hospital, Norfolk, stated in part:

Over 40 per cent of the diseases treated were of the general infective class, which in general shows a slight decrease in the number of cases treated, there being 24 cases less this year than last. The number of days lost, 15,997, is increased by 1,303; mumps was responsible for the increase of sick days, there having been 254 cases with 6,102 sick days as compared with 1908 when there were 169 such cases with 2,629 days lost. This disease occurred at the St. Helena training station from which several of the battle ships became infected through drafts of ordinary seamen. With the present system of housing recruits at the station the indications are that there will be a reduction in the number of cases in 1910.

Venereal diseases were responsible for the loss to the service of 11,972 days—nearly 25 per cent of the total loss—and there were 261 representatives of this class, as follows:

	Cases.	Sick days.
Syphilis consecutiva	126	6,355
Gonorrhoea	40	1,555
Adenitis inguinalis	30	1,604
Arthritis gonorrhoica	17	729
Chancroid	13	679
Orchitis	10	325
Epididymitis	8	236
Ophthalmia gonorrhoica	7	144
Urethrae strictura	4	190
Verruca acuminata	3	100
Syphilis primitiva	3	75
Total	261	11,972

Of the 1,411 patients who received treatment, over 60 per cent of them are classified under general infective diseases and venereal diseases and both classes belong to "preventable diseases."

Although there were in comparison less than half as many patients suffering with venereal troubles as with infectious disease the days lost by the former were but 4,025 less, being, respectively, 11,972 and 15,497. The increase in venereal diseases this year over 1908 has been practically confined to syphilis. With the return of the fleet in the first quarter of the past year there were 28 cases received, during the second quarter 27 new cases came to the hospital; the third quarter brought 31, while the fourth furnished 40. It would appear, therefore, that the disease was largely contracted at our home ports and that the increase over the preceding year is due entirely to the greater number of men exposed in our own cities. Gonorrhoea and gonorrhoeal arthritis is reduced.

From Annapolis, the following is noted:

For the pay it does not appear that a skillful experienced cook can be obtained, one who can be trusted to furnish dishes which will satisfy the capricious appetite of the sick. I believe it would be a step in advance if a trained corps of enlisted hospital cooks were added to the Hospital Corps of the Navy. This corps could probably be recruited from cooks of experience in the service who would be glad to have permanent shore appointments.

The fleet surgeon in his inspection report of November 8, 1909, on Canacao, said:

During the last six months the general appearance of the grounds included in the hospital reservation has been greatly improved by filling in low places, by grading, and by attention to roads and lawns, which work is being continued and extended as rapidly as time and funds permit. A substantial fence is being erected to inclose the built-up portion, to keep out the predatory pigs and dogs straying from the neighboring "barrio."

Ice machines have been installed, and cold-storage and laboratory buildings and a morgue are nearly completed. The artesian water supply being insufficient for all purposes and likely to fail in case of fire, extension of piping for a water supply from the bay for a salt water condensing system is contemplated. The installation of this system is urgently indicated and should be commenced at once.

The hospital force at present consists of 5 medical officers, 5 hospital stewards, and 21 hospital apprentices. On the day of inspection there were 2 officers and 85 enlisted patients. In addition to the hospital proper, there is an out-patient department in which natives from the surrounding region are treated. This latter is growing to such an extent as to require the services of one medical officer alone, the number of cases applying for treatment being limited only by the lack of a larger medical force. These patients are very poor, and their remoteness from Manila and the absence of civilian practitioners make relief almost compulsory.

The hospital force is none too large. The administrative work, the large number of surgical operations and medical cases, and the laboratory work, so necessary to establish a diagnosis in diseases incident to a tropical climate, occupy to the fullest extent the time of every officer. In the absence of other accommodation, this hospital is required to receive a number of supernumerary government employees, increasing the usual proportion of admissions as compared with other stations.

The nature of the local diseases, the professional mediocrity of the few native "practicantes," the absence of specialists, and the abundance of clinical material, all combine to make the Canacao Hospital an excellent school for young medical officers, and it is to be regretted that a greater number can not profit by the opportunity.

The number of medical officers on this station has been too small to provide for the contingencies of sickness and unusual service demands, and it has been found necessary to draw upon the already small force at this hospital, diverting medical officers from lines of special work and research to meet outside contingencies.

A large force of hospital corps men should also be maintained here for instruction, and as a reserve for unusual and unexpected demands. The length of time necessary to get men out from the United States, in the absence of an excess supply, causes embarrassment when it becomes necessary to replace men who are invalided, whose ratings are changed, or whose enlistments expire.

CRUISING SHIPS.

On board ship even more than ashore the Medical Department's activities pertain to sanitation quite as much as to the care of the sick, and the valuable sanitary reports received, as well as the many contributions to the Naval Medical Bulletin, show that with few exceptions this fact is appreciated.

The important items aside from those already discussed which have engaged attention recently in ship sanitation may be briefly outlined as follows:

Before ships are placed in commission they should be thoroughly cleaned, and, if practicable, fumigated; rats and vermin should be killed and trap guards used thereafter. Rooms and offices should be disinfected at reasonable intervals, and especially during cleaning incident to each change of occupants. Each medical officer should give his individual attention to the fly and insect problem as well as to the detection of human typhoid carriers on board ship. The tint of interior spaces might better be a pale green, as adopted for study rooms at the Naval Academy, in order to do away with as much contrast and glare as is consistent with receiving the full benefit of reflected light; either the stalactite globes or an indirect or better distributed lighting of officers' quarters would well repay in comfort for the slight increase in expense of current and installation to safeguard the eyesight of officers.

The report from the *Rhode Island* stated:

> In regard to the illumination of the rooms inside the armor occupied by the junior and warrant officers, I would suggest the installation of several four or eight candle-power lights so distributed as to give an equal illumination over the entire room, with a droplight for reading. The sudden change from a bright light to darkness, as at present, can not fail to leave a bad effect on the vision of the occupants of the rooms.

If the portable sanitary scuttle butt devised by Surg. E. G. Parker for the engineer's force on the *California* proves acceptable, as now seems probable, it should be adopted for all ships without delay. The Gates "bubbling-spring" scuttle butt has now been installed on nearly all large ships; its use should be extended to meet the needs of the entire personnel. The principle of vacuum cleaning could well be adopted for spaces between decks. A mattress and outfit sterilizer has been provided for the *South Carolina* and has been advocated for other large ships building. The facilities of ships' laundries should be extended to all. Such overcrowding as is described in the report from the *Buffalo* ought to be rendered unnecessary:

> Overcrowding: Three or four times during 1909, for periods varying between five days and ten weeks, there has been great overcrowding. The limit of capacity being 500 men (as stated in last year's report). The greatest departure from the capacity was when a total of over 900 men were taken from Panama to Shanghai. On December 13 the Nicaraguan expeditionary force of marines came on board, and since then to the time of writing the total number of people on board has varied between 941 and 956, the former being the number now on board. The overcrowding on these trips has been not only amongst the men, but also amongst the officers. There are 30 staterooms on this ship, including the captain's quarters. During the first trip mentioned there were 40 officers. When the *Buffalo* left Panama on December 17 there were on board 49 officers and 3 civilians. This lasted for only about five days, when the number was reduced to 46, at which it still remains. As was mentioned in last report, and as it is at present, considerable living space is taken up with stores and impedimenta, producing still greater overcrowding. Apparently the only remedy for this condition is to get more or larger ships for this duty.

Careful study is desired of automobile goggles for use on torpedo boats and destroyers, practicable methods for removing powder gases, occasioned by firing charges and bursting shells, from turrets or deck spaces, either by shutting down ventilation during action to avoid drawing in gases from outside the ship, or by the use of compressed air within the compartments. The recording of observations of temperatures and carbon dioxide content of forward compartments, as required by the order of July 12, 1910, of the commander in chief of the Atlantic Fleet, will doubtless soon demonstrate whether the new mushroom ventilator cowl supplied to the *Connecticut* is to solve the serious problem of insufficient ventilation forward when ships having air intakes lower than the superstructure deck are taking water over the forecastle.

The fleet surgeon reported in connection with the development of cases of smallpox on the *Washington:*

> On January 22, 1910, while the *Washington* was at sea making passage from Yokohama to Honolulu, two men were placed in the isolation ward, as they were suspected of having epidemic disease. The cases were ultimately discovered to be smallpox, and the ship was then ordered to proceed to Honolulu ahead of the rest of the squadron. At that time the weather was fair, but as there was an ordinary rough sea the forward

> cowls had to be unshipped. The isolation ward, which is not well ventilated at any time, was thus deprived of air, and the patients were removed through the length of ship to the stateroom on the starboard side, provided for the commanding officer should the *Washington* be utilized as a flagship.
>
> Of course the unshipping of the forward cowls deprives much of the ship of ventilation, and, as that situation is not uncommon, it offers an important problem that will have to be solved not only in relation to the *Washington* but also in great measure to all the ships in this fleet before satisfactory conditions can be secured at sea. It is at sea that artificial ventilation is chiefly required.

The first paragraph of the indorsement of the "Aid for inspections" follows:

> All ships of this class have reported repeatedly since first commissioned upon the artificial ventilation forward while underway. The intake consists of a large pipe and cowl, an awkward thing to handle, but which must be taken down and stowed away even in a moderate seaway when steaming 13 knots or upward. This intake should be located elsewhere whenever these ships are laid up for extensive repairs.

Electric bake ovens are to be installed on all first-class ships now in commission where the dynamo capacity is sufficient.

The sanitation and particularly the ventilation of submarines under cruising conditions merits thorough investigation and reports thereon are particularly sought; attention is invited to the advisability of equipping this type of vessel with oxygen generators of the sodium dioxide type as a safety measure. The medical officer of the *Castine* reported:

> I have to report that an inspection of the submarines *Tarantula*, *Viper*, and *Plunger* on Sunday, October 24, 1909, shortly after they were moored alongside the *Castine*, showed their sanitary condition to be far from satisfactory, notwithstanding the fact that they had been at sea only about forty-five hours.
>
> One officer and a crew of 10 or 12 men had been living, that is sleeping, cooking, eating, and answering the calls of nature aboard each of these boats in addition to performing their duties navigating them.
>
> Being small, they pitch and roll considerably in a smooth sea, and about half the crew become seasick, due largely to the foul air in the boats; when the sea is moderately rough, practically the whole crew is seasick. Food has to be carried in crates and, when preparing for a cruise of several days, cramps very much the already overcrowded boat; even the cooked meats soon spoil, increasing the foulness of the air, and the use of the toilet, which is only screened off, adds to the unpleasant odor.
>
> The small electric stoves with which the boats are supplied can not furnish heat enough, hence they are cold and damp at certain seasons of the year and, in rough weather when water is shipped down the conning tower hatch, which must be kept open, they are wet and extremely uncomfortable.
>
> These conditions are a serious menace to the health of the members of the crew; there seems to be no remedy for them on prolonged cruises.
>
> I have the honor, therefore, to recommend that cruises be limited to not more than thirty-six hours, and that, when not underway, the crews of the submarines, except those absolutely necessary to be on the boats, live aboard the parent ship.

So much has been said in former reports and in lectures by naval medical officers at the Naval War College emphasizing the vital need of the regular and unrestricted assignment of from 2.5 to 4 per cent of the crew of all but the latest all-big-gun ships for duty under the medical department in action as "stretcher bearers," that space will not be taken now for repetition, particularly as there are signs that this requirement is receiving somewhat wider recognition among responsible officers.

From the comments of the medical officer of the *Michigan*, quoted below, it would appear that in the new type of ship fewer trained assistants will be required during the brief period of action and that more reliance must be placed upon the elementary first-aid instruction given to all. Each battle ship of later date than the *Michigan* and *South Carolina* is equipped with two permanent battle dressing stations with large dressing lockers, hot and cold water, and independent lighting circuit on the berth or protective deck, but below a substantial splinter deck; one is forward of, and the other abaft all turrets, and both are roomy and as accessible as water-tight compartments will admit. Regulations should be so amended that medical officers shall give frequent and specific first-aid instruction to the division officers who should in turn instruct and be held responsible for the proficiency of all enlisted men, save those assigned to the medical department, in the immediate care of wounded shipmates. In this connection the allowance of surgical dressings has been materially increased, dummy dressings for drills will be provided, and it is proposed in preparation for war to have each supply depot maintain a list of firms, with bids revised from time to time, who may be called upon to furnish without delay large quantities of medicines, dressings, and instruments.

The organization of the medical department for battle in the all-big-gun ship of the *Michigan* class differs from the older types of battle ships in which there are main and secondary batteries. The new idea is centralization, the fighting force being divided into two sections; one in action, the other in reserve, both stations behind armor, the former in turrets, handling rooms, and magazines, and the latter at some place accessible to the turrets. There will be only four persons exposed above armor, two at the range finder and two on the fire-control mast.

On account of this centralization of forces, the organization of the medical department is simplified by combining the relief stations and action dressing stations, thus concentrating the attention of the medical officers and hospital corps on the wounded.

It is unfortunate that in designing the interior of the ship there were not two spaces behind armor fitted for dressing stations and provided with light, air, water, steam for sterilization, and also means for drainage. Two dressing stations have been improvised behind armor, one well forward and one in the after part of the ship, both accessible as possible. The surgeon's division is divided between these two, and, in addition, there are four stretcher bearers allotted to each. The usual equipment of gauze, cotton, bandages, anæsthetics, tourniquets, basins, buckets, etc., is provided. Each station has a telephone connection and can be called up from any part of the ship. In case of casualty the stretcher bearers and a hospital apprentice respond, the latter giving such aid as may be necessary, as administering a stimulant, looking after a broken limb, and assisting in the transportation, the first-aid or shell-wound dressing having already been applied by a shipmate.

It is impossible to estimate the percentage of wounded in a fight to a finish in ships of this type, and how they are to be treated and transported, for the water-tight doors are closed during action and passage is impossible. The part of the crew in action is practically isolated in the turret, that in reserve in water-tight compartments, and the engineer's force below, so there will have to be a greater dependence upon first-aid measures; the best we can do is to have each member of the crew furnished with the first-aid package or shell-wound dressing and familiar with its use.

There is not apt to be much work for the surgeon until the smoke of battle has cleared and the fight is a matter of history, when the perfectly equipped operating room and sick bay [if not unduly damaged] which are not behind armor, can be used, and transportation will not be impeded.

The result of a fight between two well-matched ships of the class under consideration is apt to be much more dangerous to the material than the personnel unless there is total destruction of one or both, and this can be readily understood when it is remembered that the eight 12-inch guns of this so-called "near dreadnaught" can fire a broadside of nearly 7 tons of metal a minute with a muzzle velocity of 2,700 feet; it will be overwhelming, for neither human frames nor steel frames will be able to withstand the impact and explosive effects many minutes, and the wounded will either be cared for shortly or be beyond surgical help.

The following extract from the report of operations by the commander in chief of the Atlantic Fleet dated April 30, 1910, indicates a sanitary problem which merits the attention of all concerned; its practical and economical solution will be a boon to other stations which are confronted with similar conditions:

> Crews from the ships manned the combined water and garbage lighters during the entire stay. These lighters were in constant use delivering water, removing garbage from all the ships, and dumping the latter in the open sea outside the bay. In this connection the commander in chief recommended to the department that the matter of installing incinerators on board battle ships be considered with the end in view of disposing of all refuse in the shape of garbage on board each ship while in port. Some arrangement for the disposal of material of this character is necessary in such ports as Guantanamo Bay, Narragansett Bay, and at Provincetown. It would seem that an incinerator of suitable capacity and size could be installed on board each ship which would add materially to the welfare of the fleet and eliminate the necessity of garbage lighters with the complications incidental thereto in coming alongside, receiving the garbage, and moving it to the dumping ground, together with the necessity of moving such a lighter from port to port in order to have it available.
>
> Having received unofficial information to the effect that an incinerator of sufficient capacity can not be obtained without prohibitive size for use on board ship the commander in chief has requested the department to provide a power lighter for use with the fleet at Provincetown and Narragansett Bay during the summer but respectfully urges that the question of obtaining a suitable incinerator be further prosecuted as such installation would prove materially beneficial to the fleet.

The following extracts from annual sanitary reports of ships possess sufficient general interest to merit publication:

> *U. S. S. Chester.*—As a rule the facilities for bathing and scrubbing clothes are good on all naval vessels, so long as they remain in warm or temperate climates, but when in a northern climate during the winter season they are not so good, and one can not expect the enlisted man at this time to keep his clothing and person as clean as would be desired. Naval vessels usually spend the winter seasons south, but at times they are compelled to spend periods of this season at the various navy-yards. The above defect could be greatly overcome by making provision at the various yards for the men to bathe and scrub their clothes in a comfortable place with plenty of fresh hot water at their disposal. This would not only be a great advantage to the crew while the ship is in the dry dock, but during its entire stay at the yard. All that is required would be to build and locate in convenient places suitable brick sheds with the necessary internal arrangements for this purpose. These buildings would be inexpensive and would greatly add to the cleanliness and personal comfort of the enlisted men while at the navy-yards.
>
> *U. S. S. Connecticut.*—The sanitary condition of the ship and the health of the ship's company may be considered as having been good during the year if we except the venereal diseases and the months during March, April, and May, while at the navy-yard, New York, at which place it was poor.
>
> A total of 202 cases of general infectious diseases and tonsillitis occurred during the year and during the second quarter, the period when the ship remained continuously at the New York yard, the following developed:

	Cases.
Catarrhus epidemicus	8
Febris pneumonica	2
Febris rheumatica	3
Malaria	1
Pyrexia ortus incerti	9
Scarlatina	4
Tuberculosis	3
Varicella	1
Tonsillitis	55

A total of 86—being almost half the number that occurred during the year. Again, comparing the second above quarter with the third or period in which the ship remained away from a large city or navy-yard:

	Cases.
Febris rheumatica	3
Febris typhoides	1
Malaria	1
Morbilli	1
Parotiditis epidemica	1
Pertussis	1
Pyrexia ortus incerti	4
Tonsillitis	15

A total of 27—nearly all occurring early in the quarter, showing the contagion received while at New York.

This demonstrated what has been frequently if not always observed when a ship visits a navy-yard for a lengthy period—a marked increase in the number of sick, due probably to the relaxation in discipline and more frequent and longer periods of liberty.

For battle, four dressing stations are fitted within the armor belt, as follows: (1). Petty officers' quarters; (2) blower room near laundry; (3) junior officers' mess room; and (4) warrant officers' mess room.

During drills these stations are partially fitted out with dressings and instruments, and here are stationed medical officers, hospital attendants, and 16 men of the crew. In battle these latter 16 men, who have been instructed in first aid, would go without the armor belt bringing the injured to the dressing stations. In no case would the medical officers or hospital attendants be allowed without the armor belt since they would be employed at the duties of their vocation and the risk of injury to themselves would not be sanctioned when their services would be urgently needed at the cessation of the battle. In actual battle the entire outfit of the operating room, with all dressings and necessary articles, would be placed temporarily within the armor belt, since the medical department is so located that they would probably be destroyed.

U. S. S. Dixie.—One case of pneumonia was contracted ashore at Washington, D. C., incident to exposure in the inaugural parade.

From a medical and sanitary standpoint the *Dixie* has been a very important factor in her rôle as parent ship for the Atlantic Torpedo Fleet. The great advantages of the ship's cold-storage compartments have been utilized daily by the fleet, as have also her large store and issuing rooms. It has added greatly to the comfort of the crews and officers of the various torpedo boats, by affording opportunities for their use of the shower baths, canteen, and barber shop. Its medical department, with its large sick bay of 16 beds, dispensary, bath, and operating rooms, has been of enormous advantage to the fleet by providing convenient and easily accessible quarters for their sick, thereby preserving the men for their respective ships instead of transferring them to a hospital as formerly.

U. S. S. Dubuque.—During the year this ship spent 318 days in port and 47 days at sea. The months from January to October, inclusive, were spent in the Tropics, with the exception of parts of May and June, in which months the ship visited New Orleans, La. With the exception of the time in New Orleans this ship has been in the Tropics continuously for ten months, including all the summer months. The heat, while seldom excessive, was constant and the thermometer showed little change from day to day. The constant moist heat had a marked effect in lowering the physical stamina of the crew. This effect, while shown in the general appearance of the men, was also evident by the common occurrence of boils, abscesses, and the tendency of the slightest abrasions or cuts to become infected. While the conditions in the Tropics favor all bacterial life, and especially that of the pus-producing varieties, it is believed that the lowered vitality induced by the constant moist heat is the most important factor in causing the superficial infections and skin diseases.

The ship went directly from the Tropics to the most northerly station at Portsmouth, N. H., arriving on the 6th of November. The change from the tropical heat to the cold of a New England winter produced the expected crop of tonsilitis and respiratory affections. In the Tropics a number of the men slept on deck during all the good weather. In the North this was impossible and the rather limited berthing space, with the natural tendency of the men to avoid the blasts of cold air from the ventilating system, was responsible for a low degree of ventilation and thus a condition favoring the spread of disease and the lowering of bodily resistance.

In this connection it is urged: First, that neither officers nor men be kept on this isolated tropical duty for sufficient time to develop the physical and mental torpor with the lowered resistance to disease which are so commonly seen in men having served long periods in the Tropics. Twelve months is the maximum period recommended for such duty; second, that ships having this duty be sent to a suitable liberty port at least once in two months; third, that ships assigned to this duty, when ordered North in the winter, be sent to one of the more southern navy-yards and one more suitable for liberty.

U. S. S. Glacier.—The ship has been disinfected once by sulphur dioxide to destroy rats. Rat virus (Azoa) was used with only partial success and fumigation was employed as a last resort. The rat question on this ship is an important one, as there is always an abundant food supply, while a full cargo furnishes many inaccessible spaces which render it impossible to get rid of rats until the holds are empty.

U. S. S. Helena.—This vessel has been for the past year station ship at Hongkong, and during that time the ports of Canton, Swatow, Amoy, and Shanghai have been vis-

ough smallpox, plague, and cholera are endemic in these ports the ship
e from all infectious diseases, with the exception of one case of smallpox,
rred last April while en route to Shanghai. The entire ship's company
peatedly vaccinated.

rairie.—In December a regiment of marines was carried from Philadelphia
, Canal Zone. After landing them the ship was ordered to Bluefields,
where we are now engaged in furnishing supplies and baking bread for
d or more prisoners from the defeated government army ashore.

Montana.—It is noted that the crew, who on going into commission in
were practically recruits and generally of poor physique, many requiring
hospital and ultimate survey, have developed physically, and that the
sickness falls amongst those who are more recent recruits. The older men
pted to ship's life, and are gradually trained and instructed to preserve
. Experience may also be an important factor in this respect. This is
lly true of venereal disease. The recruits are a problem as far as cleanli-
y and clothing is concerned. This leads in time to a certain amount of
he man older in the service has, as a usual thing, a clean person, clean
d a sense of cleanliness as to the compartment in which he sleeps, or of
s supervision. It is considered that enlisted men with slightly "deficient
"poor physique," etc., or those who are unable to perform the duties
ngs should be surveyed and discharged from the service; such men are
ly to be a source of uncleanliness and danger to the health of all on board.
ld necessitate many medical surveys, but it is considered that it would
decrease the percentage of sick and increase the efficiency of the enlisted
Under the general hygienic conditions after a sufficient ventilating system
the absolute cleanliness of the personnel and ship is considered as the most
Food, supplies, clothing, etc., are always inspected by the proper authori-
ealth of the crew, by navy regulations, is carefully observed by all officers

idered that the enlisted man is the unit on which the health of the ship is
that anyone suffering from physical defects is a menace to the general
Ien who are apparently well at recruiting stations and training stations
under ship life, where physical defects become apparent; such have much
efficiency on board ship, and it is believed that from observations made
l cases should be rejected on recruiting, rather than be held in the service
that they can stand the physical requirements of active duty.

Nebraska.—The present manner in which the food is served to the sick
ill to go to their messes, but who are not on special diet, is not satisfactory.
neal is piled up on one plate and brought to them. The patients who are
iet from the officer's mess are but little better off, as the food reaches them
ight be possible to have a cook in the pay department, part of whose duties
prepare the food for the sick. A diet list could be made out every day
cal officer, which could designate such parts of the regular ration as he con-
for the patients, together with such other articles of diet as he thought
nd turned over to the commissary steward and prepared by the diet cook.
ould then be served to the patients in a more attractive manner than at

Pennsylvania.—It seems to me that there should be a sick bay for peace
e gun deck where more light and ventilation could be obtained. It has
been necessary to keep sick men on the after bridge in an improvised sick
ks. This greatly emphasizes the necessity for a hospital ship with each

I would earnestly recommend that a regulation be promulgated making
mber of men (preferably the band) permanent first-aid men, who at gen-
s should report to the medical officer. In my opinion it is utterly impos-
necessary to instruct all gun crews in everything pertaining to the handling
ded and the care of the injured, except in so far as applies to the immediate
hemorrhage. The more serious work should be in the hands of better-
, and again a gun should not be crippled by its crew leaving to transport
en, and in time of war the number of hospital-corps men should be greatly

FLEET SURGEONS.

sition of the fleet surgeon in relation to the remainder of
nnel seems to approach gradually that desired for the
irection of his activities but, while it is a source of gratifica-

tion that the recognition of this officer's proper functions may be eventually attained through merit and moral force, it is hoped that sections 1373 and 1374 of the Revised Statutes will soon be amended as urged in last year's report.

Even if it were not desirable for administrative purposes, the designation of division surgeons should prove a stimulus to younger officers to develop an interest in medical and sanitary matters outside their own ships, to help share responsibilities with the fleet surgeon and thus prepare themselves for eventual duty in that office.

Many of the sanitary and inspection reports rendered by fleet surgeons have already been quoted or referred to which indicate the wide field of their purview. As an illustration of the character of report which proves of great assistance to the bureau the following extracts are taken from report of the fleet surgeon of the Pacific Fleet:

> Attention is asked to the statistical report of the *Helena* for the second quarter. It appears that there were two cases of variola during the quarter and it is inferred that the cases led to the vaccinations reported. But, out of 233 vaccinated, 41, or nearly 18 per cent, had no evidence of previous vaccination and furnished 100 as the percentage of success. In 190 giving evidence of prior vaccination 124 successes were obtained, a percentage of about 65. It should not be practicable to obtain such a large percentage of success on a ship. The statistical reports of the fourth quarter from vessels of the first squadron have not yet been received, as the vessels are scattered. But in the face of a cruise in the Far East there were a number of vaccinations with probably too many successes for a force afloat. It is not uncommon in inspecting ships to find men recently received without good or any vaccination scars. It is believed that most crews will give from 15 to 25 per cent of successes on revaccination and that more primary consideration is required on receiving ships even with increased attention to the subject on cruising ships.
>
> The marked reduction in the sick bay of the *Washington* may indicate the general tendency in that direction. On that ship a partition has been made by which about one-third of the sick-bay space has been lost for utilizing apparently merely as a storeroom for lumber and odds and ends difficult to store without causing a disturbing noise at sea.
>
> The prophylaxis in venereal disease furnishes a strong argument for more room in sick bays than is occupied by the sick, and work in that direction will be seriously hampered on the *Washington*, as those large ships have large liberty parties and neither the sick nor the sick calls should be disturbed by such prophylactic work
>
> It seems to be important in that connection for the space taken from the medical department of the *Washington* to be restored without delay to that department. Besides, if this prophylactic work is to become a naval feature, special permanent arrangements should be made to keep it out of the sick bay proper. It constitutes a direct attempt to limit those diseases that cause the greatest damage, and on a large ship the conditions will strongly tend to defeat a very important work unless a separate and sufficient space is provided.

HOSPITAL SHIPS.

The services rendered by the improvised naval hospital ships *Relief* and *Solace* have demonstrated, apparently to the satisfaction of all, their great usefulness in times of peace and their close relation to military preparedness for war is fast becoming axiomatic in our own service as it has in those which have recently experienced the casualties of naval battles. The bureau would be considered grossly remiss in its duty did it not renew the recommendations for one, and ultimately two, specially built hospital ships which have appeared in practically every annual report for the past eight years. The extensive arguments for these ships need not be reiterated, but they have acquired even added force in view of the experience gained by the fleet and its officers in the presence and absence of the *Relief* and *Solace*. In the matter of the care of the wounded after battle it may be affirmed that, perhaps in contradistinction to all other departments of the navy which are prepared for war, the Medical Department is maintained essentially on a peace basis; the results of the breakdown which can now be foreseen in the humane and effective handling of several thousand wounded in the early days of the conflict would be appalling. While there is recognition that colliers, repair ships, and other auxiliary vessels can not be dispensed with, the vital necessity of providing hospital ships has thus far failed of general acceptance. If the fleet is to operate in time of war on a 16-ship basis with some 15,000 men engaged, with an estimate of from 20 to 30 per cent of wounded to be cared for, the hospital ship *Solace* would be of about as much use to the fleet as would a dressing station to an army. The glory of a conspicuous victory has oftentimes been overshadowed by the failure of the inadequate medical department of the victorious force through the public censure of the lack of foresight shown.

Military preparedness for further, perhaps almost immediate, conflict demands the prompt removal of the wounded; likewise the dictates of humanity make this same appeal. If economy is to be weighed against human lives, then the benefit should invariably be given the latter.

In view of the foregoing the department is earnestly urged to seek authority from Congress to proceed without delay with the designing, building, and equipment of a 500-bed hospital ship with oil burners, turbine engines, a cruising speed of the fastest battle ship, and with a wide steaming radius. A second such ship is imperatively needed for service with the Pacific Fleet and to supplement the sister ship and the *Solace* wherever naval operations seem likely. There is every reason for commissioning these ships in time of peace, not only to care for the sick and injured of the fleet, but to provide drill in organization, equipment, provisioning, signals, and above all to clearly establish a condition of unblemished neutrality according to the tenets of the Geneva Convention for all times both in peace and war.

Any condition that might arise which would seem from a military point of view to justify violation of the neutrality of the hospital ship might be looked upon almost in the light of a national disgrace.

These ships should be so liberally equipped with such boats that they would be able to do all the ambulance work of the fleet; the boats should be stable and seaworthy, so that transfers may be made in any seaway in which it would be reasonable to lower small boats.

The services of the *Relief* and *Solace* have shown in an amateur way a little of what might be accomplished if suitable ships with proper equipment are provided.

Hospital ships should have sufficiently large storerooms to carry extra supplies of surgical dressings for allotment to battle ships in time of war. The *Solace* has such additional space available.

Although the *Solace* was placed in service on November 20, 1909, no patients were received from the fleet until her arrival at Guantanamo Bay, February 3, 1910. From this date until April 28, when the ship was ordered to Charleston, 238 cases were admitted. These included typhoid fever 12 cases, pneumonia 4, and rheumatic fever 14; tuberculosis, measles, scarlet fever, and erysipelas were also transferred. There were 11 operations for appendicitis and 5 for rupture; other surgical operations were for the relief of abscess of gall bladder and mastoid, kidney stone, hemorrhoids, and numerous other conditions. There were no deaths.

In his reports of operations, dated April 30 and June 30, 1910, the commander in chief stated:

> The hospital ship *Solace* has acted as a base hospital and has shown the advantages of such a ship, in the ability to immediately transfer cases of a serious magnitude or those having a prolonged convalescence. While in Guantanamo Bay, medical and surgical clinics were established on this vessel, and held on Wednesday and Saturday mornings, at which the medical officers of the fleet attended. This is probably the first time such clinics have ever been inaugurated on board any ship.
>
> The hospital ship has been most efficient as a fleet auxiliary. The professional work has been of the high character to warrant the confidence of officers and men. The transferring at sea of sick during the recent target practice was an additional proof of the use of the hospital ship.
>
> Owing to an injury to her main engines and the breaking down of the ice machine on board the *Solace*, that vessel was not able to leave New York for Guantanamo Bay until January 30, although it was intended that she should sail on January 7, the day the fleet sailed. On another occasion that vessel was delayed at Hampton Roads for two days, due to an accident to the ice machine, and was unable to be with the fleet on the southern drill ground during that period.

The *Relief*, having been found unseaworthy by reason of the light construction of its superstructure, was placed out of service as a hospital ship on June 10, 1910. It is intended to continue the valuable and necessary services of this vessel as a floating hospital at Olongapo until such time as a small tropical hospital is established and equipped on shore.

In his report of inspection dated October 15, 1909, the fleet surgeon stated:

> Since being stationed at Olongapo, the *Relief* has served a very useful purpose in caring for the sick at the station. Important and serious operations have been performed on board, not only among the enlisted force, but among officers and their families, the female portion of whom would have been compelled to go to some hospital at Manila. There is no doubt that in some instances lives were saved by prompt operation, which, in the absence of an aseptic hospital and operating room ashore, could not have been done. With its thorough equipment of laboratory, X-ray outfit, presence of a dentist aboard, and other adjuncts of a good hospital, much valuable work has been done. The daily average number of cases has been about 40, and the absence of a proper hospital ashore justifies, in my opinion, her presence here as long as she is not seaworthy nor in shape for uses elsewhere. In case she should ever be removed, a proper hospital will be absolutely necessary ashore. I found her thoroughly clean and in excellent condition, with perfect arrangement and facilities for treating the sick.

The following extracts from the annual report are quoted:

> Thirty-seven operations classed as major, and 70 minor operations were performed. Among former were 7 for appendicitis, 2 for gallstones, 1 for intestinal obstruction caused by old peritoneal adhesions, 2 for liver abscess, 1 for duodenal ulcers (posterior gastro-enterostomy), 6 for radical cure for hernia, and 1 external urethrotomy.
>
> All of these operative cases returned to duty or are convalescent, with the exception of one case of cholecystostomy complicated with infected cholangitis and perforations of bowel by calculus, which terminated fatally.
>
> In conclusion, if the *Relief* is to be retained in the service as a hospital at this station, the recommendation made in my last annual report regarding placing the ship alongside the sea wall is again respectfully submitted. The necessity for a better equipment than that furnished by the sick quarters at this station is evident. The buildings are dilapidated and not of a character to justify performing any major operation, while the long and often rough, sometimes impracticable, trip to the naval hospital at Canacao is hazardous for one seriously ill or injured.

Malaria is evidently traceable to exposure to the bites of infected mosquitoes on "hikes" along the trails, in native villages, and especially to exposure at the marine rifle range at Maquinaya. It is hoped that the screened quarters erected at the range will decrease the number of cases, but if night liberty to Subic and other native towns is permitted the good effect will be largely nullified.

No case of malaria has been invalided home, but in some the disease has proved very resistant. All require much larger doses of quinine than are usually recommended, 6 to 8 grams daily being necessary in the more severe infections, especially when repeated infections had been treated by small doses. Some cases have shown intense prostration requiring saline by hypodermoclysis or intravenously. Others have exhibited pneumonic or dysenteric symptoms.

The true cases of dysentery invalided home were not traceable to any special preventable condition, the patients claiming to have followed the prescribed precautions in regard to food and water.

The cases of middle-ear inflammation are about equally divided between those existing prior to enlistment and those traceable to infection from bathing in sea water, which has caused a number of severe cases, starting as an inflammation of the external canal with rapid ulceration and perforation of the ear drum; the plugging of the ears with oiled borated cotton and abstaining from deep diving might prevent much of this. So much benefit in other ways is derived from swimming that its interdiction seems hardly justifiable.

The loss of efficiency from venereal disease as shown by the hospital records is principally due to tertiary syphilis which has been insufficiently treated and in many cases unrecognized. The most of the cases are of some years' duration. The local system of prophylaxis apparently reduced the amount of infection on this station.

The cases admitted under the heading "pyrexia ortus incerti," include many subsequently found to be malaria or dengue, but leave some which differ from both and will probably eventually be found to be a specific disease.

STATISTICS.

Statement of the work done by the Record and Pension Division of the bureau during the fiscal year ending June 30, 1910.

Pension cases remaining on hand June 30, 1909	0
Received during fiscal year ending June 30, 1910	1,604
Answered during fiscal year ending June 30, 1910	1,592
Remaining on hand June 30, 1910	12
Cases for board of medical examiners received and answered	599
Cases for retiring board received and answered	62
Reports of death received	420
Reports of medical survey received and acted upon	2,777
Cases from Civil Service Commission received and answered	98
Cases of physical rejection, transfer of patients, and miscellaneous letters received and answered	4,768

RECRUITING.

The following table shows the record of enlistments, rejections, and invaliding of recruits for the year 1909:

Where examined.	Examined.	Accepted.	Color-blind.	Rejected.
Receiving ships:				
Franklin, Norfolk, Va	532	267	10	255
Hancock, New York, N. Y	1,131	765	26	340
Independence, Mare Island, Cal	459	328	3	128
Lancaster, Philadelphia, Pa	160	72	17	71
Philadelphia, Puget Sound, Wash	586	297	26	263
Southery, Portsmouth, N. H	18	18	0	0
Texas, Charleston, S. C	187	116	2	69
Wabash, Boston, Mass	266	229	3	34
Total	3,339	2,092	87	1,160

Where examined.	Examined.	Accepted.	Color-blind.	Rejected.
Ships in commission:				
Alabama	6	6	0	0
Albany	9	9	0	0
Albatross	28	20	1	7
Birmingham	3	3	0	0
Buffalo	10	8	0	2
California	18	14	0	4
Castine	2	2	0	0
Celtic	1	1	0	0
Charleston	18	17	0	1
Chattanooga	7	7	0	0
Chester	3	2	0	1
Cheyenne	3	3	0	0
Chicago	1	1	0	0
Cleveland	1	1	0	0
Colorado	15	13	0	2
Connecticut	18	15	0	3
Culgoa	5	5	0	0
Denver	2	2	0	0
Dixie	3	2	0	1
Dolphin	12	10	0	2
Dubuque	6	5	0	1
Eagle	1	1	0	0
Fish Hawk	21	15	0	6
Galveston	7	6	0	1
Georgia	8	8	0	0
Glacier	2	2	0	0
Helena	29	28	0	1
Idaho	5	5	0	0
Illinois	3	3	0	0
Indiana	6	6	0	0
Kansas	7	6	0	1
Kearsarge	9	9	0	0
Kentucky	3	3	0	0
Louisiana	29	29	0	0
Maine	6	6	0	0
Marietta	1	1	0	0
Maryland	30	20	0	10
Mayflower	10	10	0	0
Milwaukee	63	42	1	20
Minnesota	4	4	0	0
Mississippi	18	16	0	2
Missouri	8	7	0	1
Mohican	77	69	0	8
Montana	3	2	0	1
Monterey	7	7	0	0
Montgomery	5	4	0	1
Nebraska	31	24	0	7
New Hampshire	8	5	2	1
New Jersey	8	8	0	0
New York	2	2	0	0
North Carolina	4	4	0	0
Ohio	24	23	0	1
Olympia	1	1	0	0
Panther	6	5	0	1
Pennsylvania	23	20	0	3
Prairie	5	5	0	0
Rainbow	12	11	0	1
Rhode Island	35	35	0	0
St. Louis	11	11	0	0
Salem	3	0	0	3
Scorpion	6	6	0	0
Solace	1	1	0	0
South Dakota	16	14	1	1
Supply	4	4	0	0
Tennessee	17	9	0	8
Torpedo Flotilla (Asiatic)	3	3	0	0
Torpedo Flotilla (Atlantic)	15	9	0	6
Torpedo Flotilla (Pacific)	30	26	0	4
Vermont	2	2	0	0
Vicksburg	2	2	0	0
Villalobos	7	7	0	0
Virginia	25	23	0	2
Washington	9	6	0	3
West Virginia	28	24	0	4
Wilmington	17	17	0	0
Wisconsin	10	10	0	0
Yankton	2	2	0	0
Yorktown	6	5	1	0
Total	906	779	6	121

Where examined.	Examined.	Accepted.	Color-blind.	Rejected.	Recruits surveyed within four months for physical disability existing prior to enlistment.	
					Navy.	Marine Corps.
Shore stations:						
Canacao, P. I	2	2	0	0		
Cavite, P. I	481	400	2	79		
Charleston, S. C	10	8	2	0	2	
Culebra	16	12	0	4		
Guam	30	25	2	3	2	
Guantanamo Bay, Cuba	9	9	0	0		
Honolulu, Hawaii	44	19	0	25	1	
Indian Head, Md	2	2	0	0		
Key West, Fla	26	19	0	7		
Las Animas, Colo	1	1	0	0		
New Orleans, La	15	9	0	6		
Newport, R. I. (Torpedo Station)	37	36	0	1		
Newport, R. I. (Training Station)	161	122	2	37	3	
Norfolk, Va	58	33	1	24	2	
Panama	4	3	0	1		
Peking, China	5	5	0	0		
Pensacola, Fla	76	25	3	48		
Philadelphia, Pa	39	26	0	13		
Portsmouth, N. H	151	91	4	56	7	
Puget Sound, Wash	31	26	0	5	7	
San Juan, P. R	13	11	0	2		
Sitka, Alaska	6	4	0	2		
Tutuila, Samoa	21	20	0	1		
Washington, D. C. (navy-yard)	522	247	13	262	4	
Washington, D. C. (Marine Barracks)	121	77	1	43		
Washington, D. C. (Mills Building)	8	5	0	3		
Yokohama	2	2	0	0		
Total	1,891	1,239	30	622	28	
Navy and marine recruiting stations:						
Aberdeen, S. Dak	14	6	0	8		
Amsterdam, N. Y	2	1	0	1		
Anderson, Ind	12	3	0	9		2
Annapolis, Md	290	254	0	36	3	
Appleton, Wis	9	2	1	6		
Atlanta, Ga	243	103	10	130	4	1
Aurora, Ill	3	2	0	1		
Baltimore, Md	608	208	72	328	9	
Battle Creek, Mich	20	11	0	9		
Bemidji, Minn	26	16	0	10		2
Binghamton, N. Y	79	27	2	50		
Birmingham, Ala	213	96	11	106	7	
Bloomington, Ill	4	1	0	3		
Boston, Mass	1,662	653	40	969	20	3
Bridgeport, Conn	3	2	0	1		
Bryan, Ohio	5	3	1	1		
Buffalo, N. Y	555	181	16	358	8	12
Butler, Pa	9	9	0	0		1
Cadillac, Mich	19	13	0	6		
Chattanooga, Tenn	758	389	26	343	5	
Chicago, Ill	2,171	881	64	1,226	21	24
Cincinnati, Ohio	698	315	7	376	6	10
Clarion, Pa	1	1	0	0		1
Clarksburg, W. Va	12	10	0	2		2
Clearfield, Pa	8	6	0	2		
Cleveland, Ohio	1,011	377	72	562	9	4
Columbus, Ohio	157	61	11	85		1
Cumberland, Md	2	2	0	0		1
Dallas, Tex	1,022	629	39	354	18	
Dayton, Ohio	146	61	12	73	5	
Defiance, Ohio	3	1	0	2		
Denver, Colo	1,047	247	108	692	7	
Detroit, Mich	652	237	27	388	13	
Du Bois, Pa	7	5	0	2	1	
Duluth, Minn	53	28	0	25	1	
Dunkirk, N. Y	10	5	0	5		
East Liverpool, Ohio	1	1	0	0		
Elk Garden, W. Va	2	1	0	1		
Elmira, N. Y	56	18	1	37		
Enid, Okla	8	4	2	2		
Erie, Pa. (Wolverine)	251	101	10	140	1	
Flint, Mich	8	3	0	5		

Where examined.	Examined.	Accepted.	Color-blind.	Rejected.	Recruits surveyed within four months for physical disability existing prior to enlistment.	
					Navy.	Marine Corps.
Navy and marine recruiting stations—Continued.						
Fort Worth, Tex	119	53	7	59	2	
Franklin, Pa	13	3	0	10		
Freedom, Pa	1	1	0	0		
Fresno, Cal	11	11	0	0		
Grafton, W. Va	7	7	0	0		1
Grand Rapids, Mich	150	94	2	54	5	2
Hamilton, Ohio	23	16	0	7		
Hartford, Conn	302	202	6	94		
Hastings, Nebr	2	2	0	0		
Houston, Tex	168	44	8	116		
Houtzdale, Pa	3	2	0	1		
Indianapolis, Ind	1,531	1,004	24	503	64	13
Jackson, Mich	3	2	0	1		
Jamestown, N. Y	17	9	0	8		
Joliet, Ill	7	4	0	3		
Kalamazoo, Mich	65	22	4	39	1	
Kansas City, Mo	1,364	381	41	942	9	4
Knoxville, Tenn	160	72	17	71	5	
La Crosse, Wis	12	4	0	8		
Lansing, Mich	12	7	0	5		
Lexington, Ky	1	1	0	0		
Lincoln, Nebr	86	61	1	24	2	
Los Angeles, Cal	715	290	22	403	12	
Louisville, Ky	188	74	19	95	1	
Madison, Wis	9	5	0	4		
Mankato, Minn	5	3	0	2		
Mare Island, Cal	50	47	0	3		
Marion, Ohio	14	3	0	11		1
Massillon, Ohio	2	0	0	2		
McKeesport, Pa	1	1	0	0		
Midvale, Pa	24	6	1	17		
Memphis, Tenn	74	30	0	44	1	
Meyersdale, Pa	2	2	0	0		
Michigan (district)	878	606	3	269		8
Middletown, Ohio	4	2	0	2		
Milwaukee, Wis	436	296	0	140	14	9
Mill Creek, W. Va	1	1	0	0		
Minneapolis, Minn	880	367	51	462	10	
Mount Pleasant, Pa	1	1	0	0		
Nashville, Tenn	210	93	2	115	3	
Newark, N. J	77	57	0	20		1
New Bethlehem, Pa	1	1	0	0		
New Orleans, La	1,731	496	48	1,187	16	
New York, N. Y	3,455	2,151	65	1,239	53	8
Oil City, Pa	6	2	0	4		
Oklahoma City, Okla	351	119	35	197	9	
Omaha, Nebr	526	264	16	246	12	
Peoria, Ill	77	42	1	34		3
Philadelphia, Pa	3,032	1,329	89	1,614	27	9
Pittsburg, Pa	1,274	531	74	669	9	24
Portland, Me	2	0	0	2		
Portland, Oreg	19	19	0	0		2
Providence, R. I	456	218	9	229		
Pueblo, Colo	71	34	0	37	4	
Racine, Wis	1	1	0	0		
Reading, Pa	113	46	5	62	1	
Recruiting party No. 2	9	4	0	5		
Richmond, Ind	1	0	0	1		
Riversville, W. Va	2	2	0	0		
Rochester, N. Y	212	106	3	100	4	4
Rockford, Ill	25	14	0	11		
Rock Island, Ill	113	47	1	65	1	3
Sacramento, Cal	43	37	0	6		1
Saginaw, Mich	117	53	4	60	2	
St. Louis, Mo	2,796	889	67	1,840	20	13
St. Paul, Minn	25	18	0	7		
San Antonio, Tex	237	97	11	129		
San Francisco, Cal	1,077	582	14	481	2	4
Scranton, Pa	39	8	0	31		
Seattle, Wash	164	102	0	62		
Sharon, Pa	31	7	0	24		
Shawnee, Okla	7	1	3	3		
Sioux City, Iowa	109	60	6	43	2	
South Bend, Ind	28	8	1	19		

Where examined.	Examined.	Accepted.	Color-blind.	Rejected.	Recruits surveyed within four months for physical disability existing prior to enlistment.	
					Navy.	Marine Corps.
Navy and marine recruiting stations—Continued.						
Springfield, Ill	85	49	0	36		1
Stockton, Cal	14	12	0	2		
Sunbury, Pa	37	12	0	25		
Syracuse, N. Y	243	133	3	107	4	12
Thomas, W. Va	1	1	0	0		
Tiffin, Ohio	5	1	1	3		
Tionesta, Pa	6	5	0	1		
Toledo, Ohio	194	104	4	86	4	41
Troy, N. Y	94	51	0	43		1
Wampum, Pa	1	1	0	0		
Warren, Ohio	12	1	0	11		
Wheeling, W. Va	75	73	0	2	2	4
Wichita, Kans	123	40	2	81	2	
Wilkes-Barre, Pa	28	10	2	16		
Williamsport, Pa	21	8	0	13		
Wilmington, Del	82	17	6	59		2
Winona, Minn	7	6	0	1		
Worcester, Mass	20	19	0	1		
Youngstown, Ohio	71	39	0	32	2	3
Zanesville, Ohio	20	7	1	12	1	
Total	36,777	16,737	1,211	18,829	444	238
Receiving ships	3,339	2,092	87	1,160		
Ships in commission	906	779	6	121		
Shore stations	1,891	1,239	30	622	28	
Navy and marine recruiting stations	36,777	16,737	1,211	18,829	444	238
Grand total	42,913	20,847	1,334	20,732	472	238

RECRUITING SUMMARY.

Examined	42,913
Rejected per 1,000 color-blind	31.08
Rejected per 1,000 for all causes	514.20
First examination	36,894

INSANE OF THE NAVY.

Patients from the Navy and Marine Corps in the Government Hospital for the Insane on June 30, 1909	222
Admitted during the fiscal year ending June 30, 1910	76
Total	298
Discharged during the fiscal year ending June 30, 1910 (17 recovered, 2 improved, 16 died, 4 not insane, 10 eloped, 3 unimproved)	52
Remaining in this institution June 30, 1910	246
Patients from the Navy and Marine Corps in the Mendocino State Hospital for the Insane on June 30, 1909	20
Admitted during fiscal year ending June 30, 1910	25
Total	45
Discharged during the fiscal year ending June 30, 1910 (18 to Government Hospital for Insane, Washington, D. C., 10 from treatment (improved); 3 from service (expiration of enlistment; still remaining); 1 died, 2 eloped)	31
Remaining in this institution June 30, 1910	14
Patients under treatment in both institutions June 30, 1910	260

NAVAL HOSPITALS AND HOSPITAL SHIPS, 1909.

Hospital.	Cases under treatment.				Discharged to duty.				Invalided from service.				Died.				Continued to next year.	Total number of sick days.	Average number daily under treatment.	Average number of days' treatment per case.
	Remaining from last year.	Admissions and readmissions.		Total.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.				
		Diseases.	Injuries.																	
Annapolis, Md	30	420	55	505	386	50	436	863.36	7	2	9	17.82	....	1	1	1.98	34	11,438	22.64	31.33
Canacao, P. I	135	491	59	685	398	47	445	693.43	49	16	65	94.89	5	1	6	8.77	69	27,231	74.60	39.76
Chelsea, Mass	72	908	98	1,078	803	85	888	817.25	62	3	65	60.29	11	1	12	11.13	82	38,889	106.54	36.07
Mare Island, Cal	84	1,196	121	1,401	832	94	926	660.95	178	19	197	140.61	14	3	17	12.13	96	44,433	121.73	38.63
Medical School, Washington, D. C	74	424	84	582	357	59	416	714.77	51	4	55	94.50	6	....	6	10.31	65	24,276	66.50	41.71
Newport, R. I	42	853	75	970	777	67	844	871.13	36	10	46	47.52	10	....	10	10.30	44	21,525	58.97	22.19
New York, N. Y	82	890	106	1,078	631	77	708	656.77	82	14	96	89.05	14	1	15	13.91	120	36,189	99.14	33.57
Norfolk, Va	83	1,220	108	1,411	795	60	855	605.95	136	11	147	104.18	17	....	17	12.75	128	48,028	131.58	34.38
Pensacola, Fla	8	44	3	55	35	2	37	672.72	8	1	9	163.63	....	....	....	....	2	2,404	6.58	43.70
Philadelphia, Pa	42	269	46	357	204	37	241	675.07	31	5	36	100.84	7	....	7	19.60	21	11,601	31.78	32.49
Portsmouth, N. H	24	234	30	288	180	25	205	711.80	19	6	25	86.80	2	1	3	10.41	20	7,838	21.47	27.21
Port Royal, S. C	....	75	7	82	54	4	58	707.31	12	1	13	158.55	....	....	....	....	6	3,503	9.59	42.71
Puget Sound, Wash	15	324	37	376	243	29	272	726.03	45	8	53	140.95	4	1	5	13.29	28	13,725	37.60	36.50
San Juan, P. R	9	72	8	89	53	4	57	640.44	8	2	10	112.35	....	1	1	11.23	7	3,569	9.77	40.10
Sitka, Alaska	....	15	6	21	14	5	19	904.76	....	....	....	....	....	1	1	47.61	1	399	1.09	19.00
Washington, D. C	8	137	7	152	132	5	137	901.31	2	....	2	13.15	....	....	....	....	8	3,736	10.23	24.43
Yokohama, Japan	10	70	5	85	54	3	57	670.58	4	1	5	58.82	....	....	....	....	11	4.408	12.07	51.85
Relief (hospital ship)	3	674	44	721	605	37	642	890.42	....	....	....	....	1	2	3	4.16	31	13,062	35.78	18.11
Solace (hospital ship)	....	3	1	4	3	1	4	1,000.00	....	....	....	....	....	....	....	....	....	20	.05	5.00

STATISTICAL CLASSIFICATION.

lowing subdivisions summarize the data embraced in the
atistical tables of this report:

l view of the effects of disease and injury on the Navy and Marine Corps
ear 1909.
c *Station.*—Names of ships, average complements corrected for time,
nd readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the

Station.—Names of ships, average complements corrected for time,
nd readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the

Station.—Names of ships, average complements corrected for time,
nd readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the

ng ships and station ships.—Names of ships, average complements, admis-
admissions for disease and injury, sick days, average of patients, transfers
discharges from the service, and deaths on each ship for the year 1909.
ards, marine barracks, and other shore stations.—Names, average comple-
issions and readmissions for disease and injury, sick days, daily average
transfers to hospitals, discharges from the service, and deaths during the

float.—General aggregate, 1909.
float.—Detailed statement, 1909.
ards, marine barracks, receiving ships, station ships, and other shore stations.—
regate, 1909.
yards, marine barracks, receiving ships, station ships, and other shore sta-
iled statement, 1909.
hospitals and hospital ships.—General aggregate, 1909.
hospitals and hospital ships.—Detailed statement, 1909.
t of vaccination for the year 1909.
ence of special diseases (*relation by scale*).—For the year 1909.
ary record for the year 1909.
in the Navy and Marine Corps (*relation by scale*).—During the year 1909.
service.—General aggregate 1909 (combination of tables 7, 9, and 11.)
service.—Detailed statement 1909 (combination of tables 8, 10 and 12).
showing distribution of disease among occupational groups of the per-
09 by admission, admission rates, sick days and computed damage.
showing ships which had infectious and contagious disease on board
and the character and number of such.
showing discharges from the Navy and Marine Corps for physical dis-
ng 1909—relation by scale.
al operations for the calendar year ending December 31, 1909.

lowing tables have been compiled from the most reliable
able and are published for the preservation of records and
frequent inquiries:

showing, as nearly as possible, the average strength of the Navy and
s, including officers and enlisted men, total number of deaths with death
usand, for each year from 1850 to 1909, inclusive.
showing total number of officers in the Navy and Marine Corps on the
ncluding midshipmen), total number of deaths, and death rate annually
e years, 1879 to 1909, both inclusive.
howing the total number of deaths in the Navy and Marine Corps during
ar.

1. *General view of the effects of disease and injury on the Navy and Marine Corps during the year 1909.*

Average strength of the Navy and Marine Corps[a]	57,172
Average strength shown by reports of medical department[b]	55,550
Average strength of the force afloat[c]	34,688
Admissions and readmissions for disease ashore and afloat[d]	44,289
Ratio per 1,000 of strength	797.28
Ratio per 1,000 for the year 1909	611.05
Ratio per 1,000 for ten years (1898–1907)	648.38
Admissions and readmissions for injuries, ashore and afloat[d]	6,642
Ratio per 1,000 of strength	119.56
Ratio per 1,000 for the year 1908	114.31
Ratio per 1,000 for ten years (1898–1907)	126.59
Total admissions and readmissions to sick list during the year[d]	50,931
Ratio per 1,000 of strength	916.85
Ratio per 1,000 for the year 1908	725.36
Ratio per 1,000 for ten years (1898–1907)	775.95
Daily average of patients[d]	1,451.74
Ratio per 1,000 of strength	26.13
Ratio per 1,000 for the year 1908	29.13
Ratio per 1,000 for ten years (1898–1907)	32.83
Total number of sick days[d]	529,886
Average for each man of the Navy and Marine Corps	9.53
Average for the year 1908	10.66
Average for ten years (1898–1907)	11.82
Average days for each case treated	10.44
Average for the year 1908	14.69
Average for ten years (1898–1907)	15.00
Discharges from the service for disease[d]	1,341
Ratio per 1,000 of strength	23.45
Ratio per 1,000 for the year 1908	27.59
Ratio per 1,000 for ten years (1898–1907)	29.63
Discharges from the service for injuries[d]	235
Ratio per 1,000 of strength	4.11
Ratio per 1,000 for the year 1908	7.89
Ratio per 1,000 for ten years (1898–1907)	5.10
Total discharges for disability[d]	1,576
Ratio per 1,000 of strength	27.56
Ratio per 1,000 for the year 1908	35.49
Ratio per 1,000 for ten years (1898–1907)	32.72
Deaths from disease[d]	135
Ratio per 1,000 of strength	2.36
Ratio per 1,000 for the year 1908	3.53
Ratio per 1,000 for ten years (1898–1907)	4.05
Deaths from injury (including poisons)[d]	109
Ratio per 1,000 of strength	1.90
Ratio per 1,000 for the year 1908	2.09
Ratio per 1,000 for ten years (1898–1907)	2.57
Total deaths from all causes[e]	286
Ratio per 1,000 of strength	5.00
Ratio per 1,000 for the year 1908	5.76
Ratio per 1,000 for ten years (1898–1907)	6.62
Total damage in percentage of sick from all injuries and poisons, 1909	.667
Average damage for ten years, 1895–1905, excluding 1898 (war year)	.786
Total damage in percentage of sick from all diseases, 1909	3.952
Average damage for ten years, 1895–1905, excluding 1898 (war year)	4.395
Grand total damage in percentage of sick, 1909	4.619
Average grand total damage for ten years, 1895–1905, excluding 1898 (war year)	5.218

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[a] Used in computing ratios of death and discharges from the service for disability.

[b] Used in computing all ratios except those of deaths and discharges from the service for disability.

[c] Exclusive of hospital ships, receiving ships and station ships.

[d] Exclusive of Naval Sanatorium for Tuberculosis, Las Animas, Golo.

[e] Includes 42 deaths additional to those reported in the following statistical tables: Twenty-seven at Naval Sanatorium, Las Animas, Colo.; 1 Government Hospital for Insane; and 14 occurring elsewhere.

plements corrected for time, admissions for disease and injury, sick days, ge of patients, transfers to hospital, discharges from the service, deaths and rate per 1,000 for primary venereal infection on each ship for the year 1909.

2. ATLANTIC STATION.

hip.	Period in commission.	Average complements corrected for time.	Admissions and readmissions.			Admission rate per 1,000 of strength.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infections.
			Disease.	Injury.	Total.								
....	229 days..	69	28	3	31	449.27	66	0.28	4.05	15	...	...	130.43
....	Year.....	101	49	19	68	673.26	435	1.19	11.78	4	....	3	99.10
....	...do......	347	153	45	198	570.60	1,479	4.05	11.67	30	....	...	155.62
....	...do......	152	133	35	168	1,105.26	654	1.79	11.77	42	....	1	210.53
....	...do......	141	146	9	155	1,099.29	637	1.74	12.34	23	....	...	276.59
....	...do......	356	299	64	363	1,019.66	2,083	5.70	16.01	22	....	...	213.48
....	107 days..	122	39	11	50	409.83	160	1.49	12.21	14	....	1	114.75
....	Year.....	891	654	106	760	852.97	3,294	9.02	10.12	73	2	1	250.28
....	...do......	121	111	16	127	1,049.66	528	1.44	11.90	25	....	...	239.68
....	...do......	269	368	47	415	1,542.75	1,751	4.79	17.80	41	1	...	297.39
....	333 days..	203	178	34	212	1,044.33	903	2.71	13.34	24	....	1	206.89
....	Year.....	167	90	32	122	730.53	302	.82	4.91	39	....	...	221.56
....	...do......	169	164	33	197	1,165.68	1,020	2.79	16.50	13	1	...	100.59
....	...do......	73	36	6	42	575.34	256	.70	9.58	12	....	...	109.58
....	...do......	41	24	7	31	756.14	257	.70	17.07	7	....	1	146.34
....	...do......	819	387	50	387	472.52	2,875	7.87	9.60	56	3	4	174.60
....	104 days..	46	57	14	71	1,543.47	302	2.90	63.04	10	....	...	369.56
....	Year.....	57	64	12	76	1,333.33	222	.60	10.52	15	....	...	368.42
....	...do......	766	351	64	415	541.77	2,293	6.28	8.19	50	14	1	189.29
....	216 days..	216	88	19	107	495.37	610	2.82	13.05	9	....	...	111.11
....	261 days..	160	111	10	121	756.25	631	2.41	15.06	14	4	...	350.00
....	Year.....	830	577	60	637	767.47	3,530	9.67	11.65	45	3	2	192.77
....	247 days..	274	88	3	91	335.76	682	2.76	10.07	12	1	...	131.39
....	240 days..	280	70	17	87	310.71	816	3.40	12.14	22	....	2	89.28
....	Year.....	847	337	78	415	489.84	3,183	8.72	10.29	41	....	...	109.94
....	243 days..	458	318	67	385	840.61	2,131	8.76	19.12	37	....	2	157.20
....	Year.....	164	149	62	211	1,286.52	1,374	3.76	22.92	22	1	7	176.83
....	...do......	175	105	10	115	657.14	336	.92	5.25	46	....	...	234.28
....	...do......	888	371	54	425	478.60	1,634	4.47	5.03	74	1	1	164.07
....	...do......	755	310	65	375	496.68	3,983	10.91	14.45	31	1	1	147.03
....	...do......	735	395	56	451	613.60	1,711	4.68	6.36	92	....	...	254.13
....	...do......	910	478	76	554	608.79	3,834	10.50	11.53	65	....	3	135.17
....	...do......	153	98	17	115	751.63	433	1.18	7.71	20	....	...	189.54
....	...do......	810	523	68	591	729.62	2,766	7.57	9.34	52	....	1	148.15
re........	...do......	888	391	108	499	561.22	2,808	7.69	8.65	46	4	3	100.22
....	...do......	817	498	90	588	719.72	2,774	7.60	9.30	164	....	...	85.67
....	231 days..	315	219	40	259	822.22	1,449	6.27	19.90	53	1	...	212.69
....	Year.....	908	426	81	507	558.37	2,385	6.53	7.19	58	....	2	156.38
....	353 days..	675	304	57	361	534.81	1,473	4.17	6.17	93	....	...	118.52
....	106 days..	140	67	10	77	550.00	326	3.07	21.92	16	1	...	179.24
....	Year.....	150	133	20	153	1,020.00	609	1.12	7.46	23	2	1	200.00
....	...do......	186	195	40	235	1,263.44	944	2.58	13.87	28	....	2	311.88
....	...do......	295	82	14	96	325.42	430	1.17	3.96	31	....	...	47.78
....	...do......	28	10	....	10	357.12	32	.08	2.85	4	....	...	107.10
....	...do......	806	581	82	663	822.58	3,846	10.53	13.06	91	....	1	141.43
....	..do......	352	277	71	348	988.63	1,395	3.92	11.13	51	....	...	196.02
....	...do......	97	37	5	42	432.26	313	.85	8.76	2	....	1	123.71
....	104 days..	40	18	2	20	500.00	218	2.09	52.25	2	1	...	125.00
....	Year.....	270	245	43	288	1,066.66	2,301	6.30	23.33	31	....	...	214.81
....	107 days..	47	54	20	74	1,574.46	165	1.54	32.76	13	....	...	446.07
la:													
....	Year.....	366	90	20	110	300.54	322	.88	2.40	37	....	2	112.02
....	30 days...	45	32	10	42	933.33	72	2.40	53.33	5	....	1	333.34
ivision..	138 days..	33	17	6	23	693.90	56	.41	12.42	4	....	...	.....
....	Year.....	843	786	161	947	1,123.36	4,982	13.64	16.18	78	....	2	253.85
....	...do......	793	515	66	581	732.66	2,735	7.49	9.44	78	1	2	185.37
....	...do......	693	518	110	628	906.20	3,882	10.63	15.35	53	....	1	77.89
....	...do......	90	85	18	103	1,144.44	1,107	3.03	33.66	4	....	1	122.22
....	15 days...	11	7	....	7	636.36	7	.46	41.81	2	....	...	454.54
....	Year.....	99	84	17	101	1,020.20	538	1.47	14.84	27	....	1	171.72

Average complements corrected for time, admissions for disease and injury, sick days, daily average of patients, transfers to hospital, etc.—Continued.

3. PACIFIC STATION.

Name of ship.	Period in commission.	Average complements corrected for time.	Admissions and readmissions.			Admission rate per 1,000 of strength.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infections.
			Disease.	Injury.	Total.								
Albany	Year	327	335	54	389	1,189.60	1,857	5.08	15.53	49	2	1	281.34
Arethusa	273 days	65	45	4	49	753.69	153	.56	8.61	8	....	...	184.61
Buffalo	Year	326	310	52	362	1,110.42	2,094	5.73	17.57	113	....	1	251.54
California	...do	806	365	39	404	501.24	3,292	9.01	11.17	38	1	...	198.51
Cheyenne	317 days	142	71	19	90	633.80	335	1.05	7.39	20	....	...	225.35
Colorado	Year	836	522	116	638	761.96	3,188	8.73	10.44	37	3	4	226.08
Glacier	...do	135	100	31	131	970.37	632	1.73	12.88	10	....	...	237.04
Iris	78 days	24	27	7	34	1,416.66	114	1.46	60.83	8	....	...	416.66
Maryland	Year	855	354	89	443	518.12	3,011	8.24	9.63	46	....	1	95.91
Milwaukee	...do	190	101	19	120	631.57	529	1.44	7.57	27	....	2	252.63
New Orleans	46 days	42	15	1	16	380.95	30	.65	15.47	7	....	...	166.67
Pennsylvania	Year	822	351	98	449	546.22	3,209	8.79	10.69	68	1	4	87.59
South Dakota	...do	822	283	41	324	394.16	2,323	6.36	7.73	58	....	1	62.04
St. Louis	...do	406	167	25	192	472.90	832	2.27	5.59	18	3	...	123.15
Supply	...do	130	128	30	158	1,215.38	735	2.01	15.46	28	....	...	230.77
Tennessee	...do	922	501	99	600	644.25	2,664	7.29	7.90	57	3	3	131.23
Torpedo Flotilla (Pacific)	...do	720	183	56	239	331.94	631	1.72	2.38	114	....	2	61.11
Vicksburg	229 days	91	58	9	67	736.26	313	1.36	14.94	5	....	...	164.83
Washington	Year	881	394	101	495	561.86	2,908	7.96	.90	29	....	1	115.78
West Virginia	...do	843	476	55	531	629.89	3,153	8.63	10.23	41	2	3	147.09
Yorktown	...do	178	96	9	105	589.88	609	1.66	9.32	12	3	...	235.95

4. ASIATIC STATION.

Albatross	Year	79	71	12	83	1,037.97	395	1.08	13.67	7	....	1	215.19
Arayat	332 days	32	19	8	27	843.75	271	.81	25.31	8	....	...	120.48
Callao	Year	37	30	2	32	864.86	196	.53	14.32	3	....	...	189.18
Charleston	...do	789	732	98	830	1,034.22	4,364	11.95	15.14	101	1	...	231.93
Chattanooga	...do	320	165	20	185	578.12	1,179	3.22	10.06	17	....	...	175.00
Cleveland	...do	281	221	55	276	967.96	1,981	5.42	19.28	31	....	...	220.64
Concord	308 days	96	67	12	79	812.50	458	1.48	15.41	18	....	1	229.17
Denver	Year	302	343	60	403	1,331.12	2,184	5.98	19.80	13	....	2	221.85
Galveston	...do	301	196	31	227	750.83	1,197	3.27	10.86	14	....	1	196.01
Helena	...do	208	188	36	224	1,067.30	1,426	3.90	18.75	8	....	2	365.38
Mindoro	245 days	22	16	1	17	772.72	100	.40	18.18	4	....	...	90.90
Monadnock	69 days	20	12	5	17	750.00	81	1.17	58.50	....	....	...	....
Monterey	341 days	208	306	90	396	1,903.83	1,580	4.63	22.25	72	....	1	235.57
Paragua	332 days	22	10	2	12	545.45	195	.58	26.36	2	....	...	181.81
Rainbow	Year	223	155	24	179	798.20	771	2.11	9.46	31	....	1	251.12
Samar	...do	31	28	4	32	1,032.25	150	.41	13.22	....	....	...	645.16
Torpedo Flotilla (Asiatic)	...do	302	193	18	211	698.67	340	.93	3.07	69	....	1	307.94
Villalobos	...do	62	81	7	88	1,403.22	557	1.52	24.51	9	....	...	661.29
Wilmington	...do	211	257	23	280	1,312.79	1,529	4.18	19.81	8	....	3	554.50

5. RECEIVING SHIPS AND STATION SHIPS.

Franklin	Year	1,770	1,310	118	1,428	806.21	4,630	12.68	7.16	471	163	1	293.78
Hancock	...do	1,033	411	45	456	435.62	1,346	3.68	3.56	253	12	2	138.43
Independence	...do	938	375	42	417	442.39	1,117	3.06	3.26	189	43	2	94.78
Lancaster	...do	637	426	39	465	708.00	2,215	6.06	9.51	59	20	2	328.10
Mohican	...do	189	136	12	148	783.06	294	.80	4.23	93	....	...	100.53
Philadelphia	...do	365	158	14	172	465.75	760	2.09	5.72	53	9	...	104.11
Southery and Topeka	...do	533	96	11	107	191.36	1,388	3.80	7.12	22	1	2	41.69
Texas	...do	389	243	29	272	694.08	2,182	5.97	15.34	34	3	1	185.08
Wabash	...do	550	256	28	284	512.72	466	1.27	2.30	198	14	...	127.27

mplements corrected for time, admissions for disease and injury, sick days, daily average of patients, transfers to hospital, etc.—Continued.

NAVY-YARDS, MARINE BARRACKS, AND OTHER SHORE STATIONS.

ion.	Periods in commission.	Average complements corrected for time.	Admissions and readmissions.			Admission rate per 1,000 of strength.	Sick days.	Daily average of patients.	Rate per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infections.
			Disease.	Injury.	Total.								
	Year	463	252	28	280	604.79	680	1.81	3.91	139	4	...	142.55
	...do	796	460	56	516	648.24	1,910	5.23	6.57	117	4	...	59.04
on.	...do	124	142	14	156	1,258.06	2,780	7.62	61.45	8	3	2	120.97
and	...do	643	284	51	835	520.99	508	1.39	2.16	210	24	3	21.77
rk	...do	495	310	69	379	765.65	1,698	4.65	9.39	65	6	3	74.75
	...do	473	248	34	282	596.19	1,197	3.27	6.91	60	30	1	167.02
is	...do	157	48	12	60	382.16	241	.66	4.20	11	....	...	70.06
phia	...do	353	582	67	649	1,838.52	3,242	8.88	25.12	31	55	...	470.03
uth	...do	174	178	53	237	1,362.07	800	2.35	13.50	55	16	3	206.89
yal	...do	338	216	41	257	760.35	1,345	3.68	10.88	77	12	1	180.47
ound	...do	215	132	16	148	688.37	151	.41	1.90	78	5	...	251.16
gton	...do	372	182	33	215	577.96	386	1.05	2.82	111	3	1	120.90
racks and													
ana	27 days	26	11	6	17	653.84	73	2.70	10.00	6	....	...	......
o Domingo	10 days	4	3	2	5	1,250.00	21	2.10	5.70	2	....	...	......
	Year	51	30	9	39	764.70	387	1.06	20.79	1	....	...	137.25
, Camp El-	...do	397	378	67	445	1,120.90	2,938	8.05	20.28	8	....	6	156.17
legation	...do	142	91	17	106	760.56	1,543	4.23	29.79	3	....	...	225.35
gton head- ers.	...do	345	433	95	528	1,530.43	1,500	4.11	11.91	178	24	4	147.83
ua expe- —													
t regi- ent. nd regi- ent.	49 days	102	117	11	128	1,254.90	243	4.95	48.52	11	....	...	656.86
ns:													
y	Year	1,400	1,838	227	2,065	1,475.00	6,489	17.77	12.69	451	17	2	119.29
akes	...do	10	.....	.....	.....	....	.....	.....	.....	....	....	...	......
	...do	200	183	31	214	915.00	2,715	7.43	27.15	15	5	...	105.00
namo(New-	...do	263	243	30	273	1,038.02	1,810	4.95	18.82	40	....	...	152.09
(Honolulu)	...do	448	242	39	281	627.23	4,288	11.74	26.20	28	....	1	145.09
Head	...do	13	3	2	5	384.61	26	.07	5.37	2	....	...	......
and	...do	17	4	1	5	294.11	9	.02	1.17	....	....	...	......
st	...do	103	43	6	49	475.72	538	1.47	14.27	....	....	1	106.80
t Torpedo n.	...do	216	65	17	82	379.62	373	.74	3.42	14	....	...	23.10
t Training n.	...do	1,891	1,219	176	1,385	732.41	4,000	11.12	5.88	752	108	...	62.40
leans	...do	87	47	7	54	620.68	369	1.01	11.60	4	....	1	114.94
o	...do	925	1,312	97	1,409	152.32	4,621	12.66	13.68	504	....	1	135.13
	9 days	.....	.....	1	1	....	3	.33	.....	....	....	...	......
outh Naval n.	Year	327	117	23	140	428.13	1,695	4.64	14.19	21	9	2	33.63
Depot	...do	28	12	6	18	642.86	112	.30	10.71	1	....	...	35.71
(Annap-	...do	166	129	27	156	939.75	1,399	3.83	23.07	....	1	2	30.12
Francisco ing Station.	...do	1,222	1,176	70	1,246	1,019.64	13,835	37.90	31.01	15	91	6	104.75
n	...do	173	146	41	187	1,080.92	566	1.55	8.95	59	....	...	115.61
y:													
School nsary.	...do	......	38	3	41	....	171	.46	......	12	....	...	......
rk	...do	......	7	....	7	....	95	.26	......	2	....	1	......
lphia	...do	......	21	3	24	....	221	.60	......	6	....	...	......
ncisco Re- ng Station.	92 days	11	4	....	4	....	12	.13	......	....	....	...	......
gton Dis- ry.	Year	......	41	8	49	....	194	.53	......	26	....	...	......

7. *General aggregate, 1909.*

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS.

Classification of diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I.												
Parasitic infections (animal)	....	19	4	22	1	....	....	....	....	....	....	73
CLASS II.												
General infective diseases	47	2,423	193	1,776	839	....	....	....	....	10	38	15,592
CLASS III.												
Constitutional disorders of nutrition:												
Subsidiary class 1.—General diseases of nutrition	....	7	1	2	6	....	....	....	....	....	....	32
Subsidiary class 2.—Diseases of the blood	....	15	......	11	4	....	....	....	....	....	....	96
Subsidiary class 3.—Diseases of the ductless glands	....	2	......	1	1	....	....	....	....	....	....	2
CLASS IV.												
Diseases of the nervous system	11	533	74	404	193	14	2	2	....	2	1	3,274
CLASS V.												
Diseases of the visual apparatus	5	322	32	261	90	1	....	....	1	....	6	1,979
CLASS VI.												
Diseases of the auditory apparatus	....	258	33	214	71	3	....	....	....	....	3	1,091
CLASS VII.												
Diseases of the olfactory apparatus	1	81	5	74	13	....	....	....	....	....	....	310
CLASS VIII.												
Diseases of the nutritive apparatus:												
Subsidiary class 1.—Diseases of the digestive system	43	4,174	180	3,950	402	1	....	....	....	....	44	18,119
Subsidiary class 2.—Diseases of the circulatory system	11	283	54	214	112	6	....	....	....	8	8	2,901
Subsidiary class 3.—Diseases of the respiratory system	11	743	52	665	126	3	....	....	....	1	11	4,690
CLASS IX.												
Diseases of the organs of locomotion	9	474	47	417	97	6	....	....	....	....	10	3,248
CLASS X.												
Diseases of the skin and connective tissue	46	1,898	88	1,871	136	2	....	....	....	1	22	12,958
CLASS XI.												
Venereal diseases	50	7,404	731	7,453	653	12	....	....	....	....	67	37,761
CLASS XII.												
Diseases of the genito-urinary apparatus	15	483	37	381	144	4	....	....	....	3	3	3,780
CLASS XIII.												
Cysts and new growths	....	47	3	31	19	....	....	....	....	....	....	246
CLASS XIV.												
Injuries	69	3,291	141	3,020	358	7	1	....	1	55	59	26,689
CLASS XV.												
Extraneous bodies	....	22	......	21	1	....	....	....	....	....	....	5
CLASS XVI.												
Poisons	3	274	17	248	35	2	....	....	....	8	1	1,008
CLASS XVII.												
Feigned diseases	....	3	......	3	......	....	....	....	....	....	....	9
Total	321	22,756	1,692	21,039	3,301	61	3	2	2	88	273	133,910

8. *Detailed statement, 1909.*

LOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
ections (animal)—												
omiasis		2		2								3
		5		4	1							24
		11	4	15								37
eases of this class		1		1								9
ective diseases (non-)—												
epidemicus	3	666	15	659	15						10	2,815
		52	1	52	1							237
a		4	1	2	3							42
a amœbica		11	5	7	7						2	116
a infectiva (bacillary)		7		6						1		82
a (undefined)		26	3	23	5						1	217
flagellata		2	5	6	1							32
infectiva		1			1							2
s		11		8	2					1		90
ebro-spinalis		1			1							
eumonica	4	110	2	54	54					4	4	1,153
urrens	2	10		10	2							27
eumatica	9	181	33	156	61						6	1,936
phoides	1	115	7	22	99					2		1,045
achexia malarialis		11	1	9	3							102
ebris æstivo-autum-s.		23	2	22	3							98
ebris quartana	1	10	2	13								69
ebris tertiana	3	234	58	268	22						5	1,256
	1	147	1	30	119							514
ascendens acuta		1			1							
s epidemica	10	233	5	94	154							1,115
		1		1								31
rtus incerti		155	3	140	16						2	855
ismus articularis ns	6	104	20	89	40						1	1,162
		67		3	64							298
		20		4	16							179
ia	1	2	2	2	3							51
sis miliaris acuta		7			6					1		103
sis pneumonica	4	115	25	20	122						2	1,389
sis of other parts	1	5	1	1	4						2	34
		68		66							2	312
		5		2	3							16
		7		1	5					1		51
eases of this class	1	11	1	6	6						1	163
CONSTITUTIONAL DIS-F NUTRITION:												
class 1.—General dis-nutrition—												
insipidus		1			1							1
nellitus		2	1	1	2							30
		1			1							
		1			1							
eases of this class		2		1	1							1
lass 2.—Diseases of the												
implex		15		11	4							96
lass 3.—Diseases of the glands—												
ele		2		1	1							2
he nervous system—												
		1								1		1
		1		1								4
ia		28	4	28	4							152

8. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS IV—Continued.												
Diseases of the nervous system—Continued.												
Cerebellaris, hemorrhagia		1								1		1
Dementia		33	5	5	30	1		2				339
Epilepsia		28	13	16	21	4						299
Febris thermica		27		27								117
Hemicrania	1	2		2								10
Hemiplegia		5		3	3							68
Insomnia		3	1	3			1					18
Mania	1	6	2	3	5						1	141
Melancholia	2	26	4	10	22							278
Meningitis		1		1								20
Monoplegia		1	3	1	3							30
Nausea marina	1	44	18	53	5	5						132
Neuralgia		63	2	59	6							263
Neurasthenia		71	7	26	48	3	1					432
Neuritis	2	18	4	11	13							265
Neuritis multiplex		1	1		2							4
Paralysis agitans		1			1							1
Paralysis insanorum generalis		1			1							2
Paranoia		4	1		5							3
Paraplegia		1			1							1
Prostratio thermica	2	100	4	104	2							238
Sciatica		15		11	4							166
Sclerosis spinalis posterior		3			3							2
Torticollis spasmodica		2		2								7
Vertigo	1	23	1	20	5							79
Other diseases of this class	1	23	4	18	9	1						181
CLASS V:												
Diseases of the visual apparatus—												
Amaurosis		1		1								4
Amblyopia		5	1	1	5							12
Asthenopia		10	4	6	8							95
Astigmatismus		9		3	6							33
Blepharitis		3		3								7
Cataracta		4	2	3	3							68
Chalazion		1	1	2								2
Chorioiditis		1			1							2
Conjunctivitis	3	141	8	138	10						4	654
Corneæ ulcus		21	1	18	3						1	163
Dacryocystitis		3	1	1	3							15
Glaucoma		1		1								19
Hordeolum		8		8								27
Hypermetropia		4	1	4	1							26
Iritis		28	3	25	6							282
Keratitis	1	22		18	5							194
Leucoma		1	2	3								4
Myopia		15	3	8	10							26
Neuritis optica		3		1	1						1	17
Obstructio lacrimalis		2		1	1							23
Pterygium		18	1	4	15							35
Retinitis	1	8	2	5	5	1						110
Sclerotitis		1		1								4
Trachoma		7	1	5	2				1			119
Other diseases of this class		5	1	1	5							38
CLASS VI:												
Diseases of the auditory apparatus—												
Mastoiditis		5		2	3							35
Myringitis		11		10	1							30
Membranæ tympani ruptio		19	1	18	2							53
Otalgia		2		2								5
Otitis externa		58	4	51	8	1					2	258
Otitis media		148	22	119	48	2					1	613
Surditas		11	4	8	7							91
Vertigo (auralis)		3	2	3	2							5
Other diseases of this class		1		1								1

8. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class VII:												
Diseases of the olfactory apparatus—												
Antri abscessus		2		1	1							21
Catarrhus æstivus		2		2								5
Rhinitis acuta		56		56								203
Rhinitis chronica	1	15	3	10	9							49
Other diseases of this class		6	2	5	3							32
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS:												
Subsidiary class 1.—Diseases of the digestive system—												
Adenitis salivosa		4		4								26
Ani prolapsio		2		1	1							39
Ani rhagades		3	1	2	2							17
Aphthæ		3		2							1	25
Appendicitis	6	204	38	115	129						4	1,650
Catarrhus gastricus acutus	2	130	8	135	4						1	607
Catarrhus gastricus chronicus	2	29	6	21	15	1						279
Catarrhus intestinalis acutus	5	227	6	228	9						1	907
Catarrhus intestinalis chronicus		5	1	4	2							18
Cholangeitis		1		1								5
Cholecystitis		3	1	2	2							29
Cholelithiasis		3	2	2	3							12
Colica	1	171	6	174	3						1	470
Colitis		5		4	1							32
Constipatio		95	1	94	1						1	308
Dentis caries		5		5								14
Dyspepsia nervosa		4		4								35
Enteritis		143	9	147	4						1	520
Enteroptosis		2			2							23
Fistula in ano	1	19	2	9	13							192
Gastralgia		8		6	2							20
Gastrectasis		1	1	2								25
Hæmatemesis		2		2								8
Hæmorrhois		149	10	77	79						3	632
Hepatis congestio		12		9	3							57
Hepatitis acuta		2	1	3								16
Hepatitis chronica		1		1								4
Hepatitis suppurativa		1			1							2
Hypertrophia tonsillaris		5		4	1							14
Icterus	1	97	4	90	11						1	913
Obstructio intestinalis		1			1							2
Œsophagi stenosis		1			1							
Parulis		2		2								20
Periproctitis		4		4								24
Peritonitis		3			3							40
Pharyngitis	1	43		44								187
Proctitis		3		1	2							7
Pyorrhœa alveolaris		10	1	9	1						1	19
Stomatitis		179		176	2						1	713
Tonsillitis	24	2,579	82	2,555	102						28	10,162
Ulcus duodenum		1			1							1
Ulcus gastricum		3		2	1							4
Other diseases of this class		9		9								41
Subsidiary class 2.—Diseases of the circulatory system.—												
A.—Blood vessels—												
Aneurysma		4			1					3		15
Angina pectoris	1	2		2	1							28
Arteriosclerosis		3	1	2	1					1		5
Cordis dilatatio		4		1	1					2		17
Cordis hypertrophia		9	2	7	4							67
Cordis palpitatio	2	60	27	55	31	2					1	514
Cordis valvularum morbus	1	31	8	15	23						2	333
Cordis inhibitio		1								1		1
Endocarditis		4	1	1	3	1						45

8. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class VIII.—Diseases of the Nutritive Apparatus—Con.												
Subsidiary class 2.—Diseases of the circulatory system—Con.												
A—Blood vessels—Continued.												
Myocarditis		1	1	1		1						4
Phlebitis		8	2	5	5							78
Thrombosis		1								1		1
Varix	1	24	3	8	18	2						171
B.—Lymphatics—												
Lymphadenitis	6	113	8	100	22						5	1,486
Lymphangitis		13	1	13	1							84
Other diseases of this class		5		4	1							52
Subsidiary class 3.—Diseases of the respiratory system—												
Asthma	3	21	17	28	11	2						465
Bronchopneumonitis		14	1	9	4					1	1	128
Bronchitis acuta	5	523	15	506	32						5	2,702
Bronchitis chronica	2	61	13	41	33	1					1	505
Hæmoptysis		4	2	4	1						1	24
Laryngitis acuta		23	1	24								98
Laryngitis chronica		4		1	3							31
Pleuritis acuta		67	2	35	31						3	502
Pleuritis chronica	1	9		5	5							75
Pleuritis purulenta		4	1	1	4							69
Other diseases of this class		13		11	2							91
Class IX:												
Diseases of the organs of locomotion—												
Ankylosis		4		2	2							5
Arthritis	1	58	6	45	17						3	482
Arthritis deformans		1			1							12
Bursitis	2	18	2	15	7							98
Caries		2		1	1							3
Contractura		3	1	1	3							13
Ganglion		1		1								17
Myalgia acuta	3	227	16	236	7						3	1,234
Myalgia chronica		36	4	24	15	1						360
Necrosis		5		2	3							13
Osteitis		1			1							2
Periostitis		19	2	11	10							253
Pes planus		32	9	18	18	5						194
Synovitis	3	60	7	58	10						2	547
Thecitis		5		3							2	14
Other diseases of this class		2			2							1
Class X:												
Diseases of the skin and connective tissue—												
Abscessus	17	748	25	736	39					1	14	5,130
Acne		6		5	1							31
Carbunculus	1	49	3	47	4						2	376
Cellulitis	4	248	9	247	11	1					2	2,188
Clavus		8	1	8		1						152
Cutis fissuræ	1	4		5								59
Dermatitis venenata		34	3	35	2							242
Ecthyma		2		2								6
Eczema	1	45	9	47	6						2	476
Erythema		12	1	13								62
Favus		2		2								6
Furunculus	5	275	16	293	2						1	1,439
Herpes simplex	2	8		10								37
Herpes zoster	1	16	1	18								109
Impetigo contagiosa		5		5								23
Lichen		1		1								34
Lupus		1	1	1	1							4
Miliaria papulosa		3		1	2							3
Onychia		2		2								12

8. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class X—Continued.												
Diseases of the skin and connective tissue—Continued.												
Paronychia	1	51		52								298
Pediculosis		8		8								16
Pemphigus	1			1								
Pernio		1		1								3
Pityriasis		1		1								1
Psoriasis		1		1								1
Scabies	6	140	3	109	40							644
Trichophytosis		52		47	5							234
Ulcus	3	70	12	69	15						1	854
Unguis involutus	2	63	3	66	2							423
Urticaria		27	1	26	2							108
Verruca		10		8	2							48
Other diseases of this class	1	5		4	2							39
Class XI:												
Venereal diseases—												
Adenitis inguinalis	13	586	76	556	103						16	8,294
Arthritis gonorrhoica	2	125	23	74	68	2					6	1,886
Chancroid	2	1,178	68	1,207	31						10	4,278
Epididymitis	6	338	55	362	29						8	4,157
Fistula urinalis		4	2	3	3							51
Gonorrhœa	4	3,956	252	4,100	96						16	8,952
Ophthalmia gonorrhoica	1	21		9	13							265
Orchitis	10	300	40	319	25	1					5	3,379
Prostatitis		11		9	2							86
Syphilis consecutiva	12	729	202	668	260	9					6	5,362
Syphilis primitiva		100	8	96	12							561
Urethræ strictura		23	2	21	4							204
Verruca acuminata		23	1	18	6							133
Other diseases of this class		10	2	11	1							153
Class XII:												
Diseases of the genito-urinary apparatus (non-venereal)—												
Balanitis		14		14								126
Cystitis	2	43	2	35	11						1	436
Diuresis		2		2								16
Enuresis		8	3	5	2	4						43
Hæmaturia		5		2	3							18
Hydrocele		13	1	10	4							112
Nephritis acuta		28	2	17	12					1		306
Nephritis chronica		18	1	4	13					2		120
Nephrolithiasis	1	6	3	7	3							51
Paraphimosis	1	20	1	20	2							210
Perinephritis		1		1								5
Phimosis	8	161	7	173	1						2	1,197
Pyelitis		5	2	5	2							63
Urethritis simplex		2		1	1							7
Urinæ incontinentia		4	3	4	3							69
Urinæ suppressio		1		1								1
Urinæ retentio		8		8								76
Varicocele	3	121	10	52	82							716
Other diseases of this class		23	2	20	5							213
Class XIII:												
Cysts and new growths—												
Adenoma		3		2	1							14
Angioma		1		1								1
Carcinoma		5			5							18
Chondroma		1		1								1
Cystis		18	1	16	3							110
Epithelioma		3		1	2							20
Fibroma		4		2	2							31
Lipoma		5		4	1							29
Osteoma		3	2	2	3							17
Other diseases of this class		4		2	2							5

8. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XIV:												
Injuries—												
Abrasio	1	34	1	36								178
Ambustio ex calore	8	235	5	229	15					3	1	1,737
Ambustio ex electricitate		6		5	1							31
Ambustio ex venenis		6		5	1							34
Asphyxia		11		6						5		10
Asphyxia ex submersione	1	32		3						30		51
Cartilaginis intra-articularis dislocatio		4	1	3	2							20
Concussio		41	3	39	4					1		264
Contusio	7	551	10	545	14						9	3,154
Deformitas		51	14	30	29	5					1	475
Dislocatio	1	61	16	67	9						2	978
Fractura	9	339	10	262	75	1	1			7	12	5,075
Fulminis ictus		1		1								19
Hernia	1	150	35	45	141							837
Ictus electricus		1		1								2
Membri clades		9	2	7	3						1	246
Musculi ruptio			1		1							8
Visceris ruptio	1	5	1	3	3					1		52
Solis ictus		9		9								25
Stremma	14	610	20	618	17				1		8	3,889
Virium defectio		2		1		1						23
Vulnus contusum	2	156		151	5						2	1,152
Vulnus incisum	5	169		170	2					1	1	1,170
Vulnus infectum		184	11	181	6						8	1,324
Vulnus laceratum	16	531	7	521	18					1	14	5,311
Vulnus punctum	1	64	3	65	3							325
Vulnus sclopeticum	2	21		11	6					6		245
Other diseases of this class		7	1	6	2							54
CLASS XV:												
Extraneous bodies—												
Corpus extraneum		22		21	1							57
CLASS XVI:												
Poisons—												
Alcoholismus	1	202	12	183	27					5		629
Venenum irritans		18		16						2		64
Venenum neuroticum	1	25	3	22	4	2					1	156
Vulnus venenatum	1	23	1	24						1		144
Other diseases of this class		6	1	3	4							10
CLASS XVII:												
Feigned diseases—												
Appendicitis		1		1								6
Diarrhœa		1		1								2
Myopia		1		1								1
Total	321	22,756	1,692	21,039	3,301	61	3	2	2	88	273	133,910

9. *General aggregate, 1909.*

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS.

Classification of diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I.												
Parasitic infections (animal)		15	1	13	3							38
CLASS II.												
General infective diseases	36	3,699	401	2,507	1,555	22	3			7	42	21,791
CLASS III.												
Constitutional disorders of nutrition:												
Subsidiary Class 1.—General diseases of nutrition	1	5	2	3	3	2						22
Subsidiary Class 2.—Diseases of the blood		17	1	11	3	4						145
Subsidiary Class 3.—Diseases of the ductless glands		10		3	4	3						24
CLASS IV.												
Diseases of the nervous system	8	425	62	253	143	68	6	14	1	3	7	2,567
CLASS V.												
Diseases of the visual apparatus	5	481	76	374	128	52	4				4	2,489
CLASS VI.												
Diseases of the auditory apparatus	1	218	20	96	89	51					3	956
CLASS VII.												
Diseases of the olfactory apparatus		113	2	101	11	3						266
CLASS VIII.												
Diseases of the nutritive apparatus:												
Subsidiary Class 1.—Diseases of the digestive system	18	1,985	64	1,413	611	21	1		1	2	18	6,628
Subsidiary Class 2.—Diseases of the circulatory system	8	319	35	131	93	133	1			1	3	2,216
Subsidiary Class 3.—Diseases of the respiratory system	7	630	24	492	143	12			1	2	11	3,618
CLASS IX.												
Diseases of the organs of locomotion	4	397	44	241	99	100					5	2,831
CLASS X.												
Diseases of the skin and connective tissue	19	967	57	753	267	9					14	5,940
CLASS XI.												
Venereal diseases	33	3,369	371	2,950	735	50	1		1		36	17,083
CLASS XII.												
Diseases of the genito-urinary apparatus	3	373	25	179	188	27			1	3	3	1,876
CLASS XIII.												
Cysts and new growths		32		16	14	2						126
CLASS XIV.												
Injuries	21	1,521	80	1,096	349	119			2	29	27	10,442
CLASS XV.												
Extraneous bodies		11		9	2							34
CLASS XVI.												
Poisons	4	186	14	138	55	4				5	2	606
CLASS XVII.												
Feigned diseases		2		2								4
Total	168	14,775	1,279	10,781	4,495	682	16	14	7	52	175	79,702

10. *Detailed statement, 1909.*

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I:												
Parasitic infections (animal)—												
Ankylostomiasis		4		4								10
Ascariasis		2		2								8
Oxyuriasis		1		1								3
Tæniasis		7	1	5	3							14
Trichiniasis		1		1								3
CLASS II:												
General infective diseases (nonvenereal)—												
Catarrhus epidemicus	3	548	14	497	60		1				7	1,959
Denguis	3	435	18	334	119						3	1,525
Diphtheria		11			11							
Dysenteria amœbica	2	45	5	39	12						1	592
Dysenteria infectiva (bacillary)		11	3	8	6							66
Dysenteria (undefined)	1	20		11	10							71
Enteritis infectiva		1		1								1
Erysipelas		12		3	9							45
Febris cerebro-spinalis		9	1	7	1					2		286
Febris pneumonica	1	75	1	27	45		1			1	3	647
Febris recurrens		7	3	7	3							46
Febris rheumatica	1	144	16	87	69	3					2	1,564
Febris typhoides	3	40	3	13	31		1			1		868
Frambœsia	1					1						61
Gangræna actua infectiva		1			1							
Malaria—												
(a) Cachexia malarialis	1	14	5	11	9							156
(b) Febris æstivo-autumnalis	2	85	32	117	2							500
(c) Febris hæmoglobinurica		23	2	25								214
(d) Febris quartana		2	1	3								24
(e) Febris tertiana	2	604	233	623	210						6	3,161
Morbilli	1	326	3	45	285							722
Parotiditis epidemica	12	692	17	380	337						4	5,652
Pertussis		2		1	1							18
Pyrexia ortus incerti		127	3	61	65						4	311
Rheumatismus articularis chronicus	1	64	18	44	34	3					2	1,257
Rubella	1	156	4	69	86						6	912
Scarlatina		51	1	3	49							75
Tuberculosis miliaris acuta		8			4	3					1	91
Tuberculosis pneumonica	1	87	16	11	77	11				2	3	708
Tuberculosis of other parts		4	1	2	1	1				1		47
Vaccinia		61		59	2							280
Varicella		15		5	10							54
Variola		2		2								24
Other diseases of this class		16	1	11	6							44
CLASS III.—CONSTITUTIONAL DISORDERS OF NUTRITION:												
Subsidiary class 1.—General diseases of nutrition—												
Diabetes mellitus		2	1	1	2							12
Obesitas		2	1	1		2						4
Purpura	1			1								3
Other diseases of this class		1			1							3
Subsidiary class 2.—Diseases of the blood—												
Anæmia perniciosa		1			1							14
Anæmia simplex		16	1	11	2	4						131
Subsidiary class 3.—Diseases of the ductless glands—												
Bronchocele		10		3	4	3						24
CLASS IV:												
Diseases of the nervous system—												
Apoplexia		3								3		3
Aphasia		1			1							27
Atrophia muscularis progressiva		1			1							

10. *Detailed statement, 1909*—Continued.

S AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS—Continued.

seases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
tinued.												
e nervous system—												
l.												
		77	4	74	7							158
		6	3	2	5	2						40
	1	38	3	5	23	4		9			1	318
	2	46	18	15	13	33			1		4	464
nica		13		13								57
		5		1	2	2						41
		8		7	1							80
		5		1	2			2				11
		8	3		7	2		1			1	106
		1			1							
		1	1		2							83
ina	1		1	1		1						16
	2	50	6	47	11							232
a		57	14	24	32	12	3					286
	1	13		8	4	2						232
		2		2								9
		11	2		10			2			1	40
		1		1								2
hermica		6	1	4	2	1						12
		13	2	9	6							90
nalis posterior		1			1							
pasmodica		7		6	1							23
		22	3	19	5		1					113
es of this class	1	29	1	14	6	9	2					156
visual apparatus—												
sia		14	1	3	2	10						61
		1		1								5
		14	1	2	8	5						56
		67	15	59	17	4	2					383
nus		93	14	75	21	9					2	271
		4		3	1							13
		3		2	1							20
		2		1	1							3
		2			2							3
tis		112	12	105	12	4	2				1	583
s		2			2							
tis		1			1							
		1			1							
		1			1							
		7	1	8								15
pia	3	32	6	29	8	4						177
	1	14		12	3							172
		4	1	5								25
		71	21	54	26	11					1	280
ica		2	1	1	1	1						21
acrimalis		2		1	1							1
	1	13	1	6	8	1						65
		7		2	4	1						83
		1		1								2
		6		1	5							207
es of this class		5	2	3	2	2						34
e auditory appa-												
		7	2	3	5						1	42
tympani ruptio		6	1	5		2						40
		2		2								4
na		20	4	15	9							91
a	1	138	11	60	64	25					1	516
		45	2	11	11	24					1	254
he olfactory appa-												
ta		98		95	3							239
onica		12	2	5	6	3						26
es of this class		3		1	2							1

10. *Detailed statement, 1909*—Continued.

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS:												
Subsidiary class 1.—Diseases of the digestive system—												
Adenitis salivosa		2		1	1							4
Ani prolapsio		2			2							
Ani rhagades		3			3							
Appendicitis	2	131	11	31	109	2				1	1	703
Catarrhus gastricus acutus		133	3	123	13							428
Catarrhus gastricus chronicus		21	5	10	14	1	1					197
Catarrhus intestinalis acutus	1	207	6	199	13						2	613
Catarrhus intestinalis chronicus		7		3	3	1						12
Cholangitis		2		2								10
Cholecystitis		6		3	3							10
Cholelithiasis		2	2		3	1						4
Colica		108	4	101	11							244
Colitis		15	1	15	1							30
Constipatio	1	67	1	67	2							178
Dentis caries		15		10	1	4						85
Dyspepsia nervosa		5	1	3	2						1	23
Enteritis		33		29	3						1	117
Fistula in ano	1	23	1	9	16							229
Gastralgia		7		6	1							36
Gastrectasis		1		1								1
Hæmorrhois		127	6	32	93	7					1	361
Hepatis congestio	1	9		10								31
Hepatitis acuta		2			2							
Hepatitis chronica	1	3		1	2	1						23
Hepatitis suppurativa			1	1								2
Hypertrophia tonsillaris		29	1	7	22	1						54
Icterus		40	2	20	21						1	208
Obstructio intestinalis		3		2						1		8
Pancreatitis		1			1							
Parulis		4		4								11
Peritonitis		1		1								5
Pharyngitis	1	40		31	10							105
Proctitis		2			2							
Pyorrhœa alveolaris		3	1	3	1							28
Stomatitis		77	1	66	10				1		1	436
Tonsillitis	10	824	16	601	237	2					10	2,352
Ulcus duodenum		1			1							5
Ulcus gastricum		4	1		5							6
Other diseases of this class		26		22	3	1						71
Subsidiary Class 2.—Diseases of the circulatory system—												
A—Blood vessels—												
Aneurysma		2		1	1							17
Angina pectoris		6		5	1							58
Arteriosclerosis		2			1	1						19
Cordis dilatatio		8	2	3	1	5				1		51
Cordis hypertrophia		10		1	4	5						17
Cordis palpitatio	1	50	11	27	17	17					1	330
Cordis valvularum morbus	3	113	9	19	19	85	1				1	692
Endocarditis		5	1		5	1						80
Myocarditis		1				1						13
Phlebitis		8		4	4							29
Thrombosis		1	1		1	1						22
Varix		31	9	13	13	14						232
B—Lymphatics—												
Lymphadenitis	2	60	1	37	22	3					1	469
Lymphangitis	2	19	1	19	3							180
Other diseases of this class		3		2	1							7
Subsidiary class 3.—Diseases of the respiratory system—												
Asthma		20	7	14	9	4						130
Bronchopneumonitis	2	24		18	8							220
Bronchitis acuta	2	415	8	361	56				1		7	2,099

10. *Detailed statement, 1909*—Continued.

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.		On leave.	To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.						
Class VIII.—Diseases of the Nutritive Apparatus—Con.												
Subsidiary class 3.—Diseases of the respiratory system—Con.												
Bronchitis chronica		46	5	17	26	8						266
Hæmoptysis		5		1	4							16
Laryngitis acuta	1	47	1	39	9						1	270
Laryngitis chronica		5		2	3							7
Pleuritis acuta		49	3	32	18						2	319
Pleuritis chronica		10		2	8							16
Pleuritis purulenta	1	2								2	1	131
Other diseases of this class	1	7		6	2							44
Class IX:												
Diseases of the organs of locomotion—												
Ankylosis		2		1	1							1
Arthritis	1	39	7	28	10	8					1	520
Bursitis		16	2	12	4	1					1	142
Contractura		8		2	1	5						78
Myalgia acuta	2	125	7	106	27						1	438
Myalgia chronica		25	3	13	14	1						215
Necrosis		3			3							3
Osteitis		3			2	1						2
Periostitis		10		3	6						1	18
Pes planus	1	108	15	35	7	81					1	1,071
Synovitis		48	10	37	18	3						326
Thecitis		6		4	2							16
Other diseases of this class		4			4							1
Class X:												
Diseases of the skin and connective tissue—												
Abscessus	6	249	12	204	58						5	1,963
Acne		3		1	1	1						6
Carbunculus	1	16	1	14	4							126
Cellulitis		61	1	43	18	1						350
Clavus		30	3	27	1	5						199
Cutis fissuræ		2		2								15
Dermatitis venenata		32	1	29	3						1	160
Dysidrosis		1		1								20
Ecthyma		1		1								4
Eczema		33	3	27	7	2						100
Erythema		8		7	1							38
Favus		2		2								6
Furunculus	1	96	7	97	7							470
Herpes simplex		1		1								1
Herpes zoster	1	12	1	14								74
Impetigo contagiosa		8		7							1	56
Lichen		1		1								7
Lupus		1			1							
Miliaria papulosa		1			1							
Onychia		3		2							1	58
Paronychia		9		9								80
Pediculosis		23		21	2							50
Pemphigus		7		7								22
Pernio		1		1								7
Pityriasis		3		2	1							2
Prurigo		1	2	1	1						1	80
Pruritus		1		1								1
Psoriasis		4		3	1							22
Scabies		176	19	63	131						1	600
Sclerodermia		1		1								1
Trichophytosis	2	49	1	49	3							261
Ulcus	4	41	4	34	13						2	451
Unguis involutus	4	72	2	67	9						2	575
Urticaria		11		10	1							31
Verruca		3		2	1							4
Other diseases of this class		4		2	2							7

10. *Detailed statement, 1909*—Continued.

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XI:												
Venereal diseases—												
Adenitis inguinalis	7	202	28	156	75	....	....	....	....	....	6	2,562
Arthritis gonorrhoica	1	66	21	29	49	4	....	....	....	....	6	799
Chancroid	7	384	32	386	31	1	....	....	....	....	5	1,902
Epididymitis	7	135	6	100	46	....	....	....	....	....	2	1,029
Gonorrhœa	8	1,808	125	1,744	175	13	....	....	1	....	8	4,398
Ophthalmia gonorrhoica	....	57	6	53	9	1	....	....	....	....	....	208
Orchitis	2	165	24	134	53	1	....	....	....	....	3	1,486
Prostatitis	....	1	....	1	....	....	....	....	....	....	....	28
Syphilis consecutiva	1	457	124	295	252	30	1	....	....	....	4	3,906
Syphilis primitiva	....	58	2	34	24	....	....	....	....	....	2	696
Urethræ strictura	....	20	3	7	16	....	....	....	....	....	....	25
Verruca acuminata	....	15	....	11	4	....	....	....	....	....	....	42
Other diseases of this class	....	1	....	....	1	....	....	....	....	....	....	....
CLASS XII:												
Diseases of the genito-urinary apparatus (non-venereal)—												
Balanitis	1	7	....	8	....	....	....	....	....	....	....	8
Calculus	....	1	....	1	....	....	....	....	....	....	....	7
Cystitis	....	23	....	15	6	1	....	....	....	....	1	202
Diuresis	....	1	....	1	....	....	....	....	....	....	....	2
Enuresis	1	29	5	10	14	11	....	....	....	....	....	220
Glandulæ prostatæ hypertrophia	....	2	....	2	....	....	....	....	....	....	....	73
Hæmaturia	....	3	....	2	....	....	....	....	....	....	1	58
Hydrocele	....	20	1	8	12	1	....	....	....	....	....	98
Nephritis acuta	1	9	1	4	6	....	....	....	....	1	....	45
Nephritis chronica	....	16	4	12	7	....	....	....	....	1	....	70
Nephrolithiasis	....	3	1	4	....	....	....	....	....	....	....	26
Nephroptosis	....	1	1	1	1	....	....	....	....	....	....	1
Paraphimosis	....	9	....	7	2	....	....	....	....	....	....	37
Phimosis	....	114	4	70	47	....	....	....	....	....	1	513
Pyelitis	....	2	....	1	1	....	....	....	....	....	....	5
Urethritis simplex	....	1	....	1	....	....	....	....	....	....	....	2
Urinæ incontinentia	....	1	....	....	1	....	....	....	....	....	....	....
Urinæ suppressio	....	2	....	....	....	1	....	....	....	1	....	11
Urinæ retentio	....	1	....	....	1	....	....	....	....	....	....	....
Varicocele	....	121	8	29	87	12	....	....	1	....	....	454
Other diseases of this class	....	7	....	3	3	1	....	....	....	....	....	44
CLASS XIII:												
Cysts and new growths—												
Adenoma	....	1	....	....	....	1	....	....	....	....	....	6
Cystis	....	11	....	7	4	....	....	....	....	....	....	21
Epithelioma	....	3	....	2	1	....	....	....	....	....	....	2
Fibroma	....	4	....	1	3	....	....	....	....	....	....	1
Lipoma	....	7	....	4	3	....	....	....	....	....	....	40
Osteoma	....	3	....	1	1	1	....	....	....	....	....	51
Sarcoma	....	2	....	....	2	....	....	....	....	....	....	2
Other diseases of this class	....	1	....	1	....	....	....	....	....	....	....	3
CLASS XIV:												
Injuries—												
Abrasio	....	55	2	56	1	....	....	....	....	....	....	263
Ambustio ex calore	1	55	....	50	4	....	....	....	....	....	2	362
Ambustio ex frigore	....	1	....	1	....	....	....	....	....	....	....	1
Ambustio ex venenis	....	4	....	2	2	....	....	....	....	....	....	34
Asphyxia	....	3	....	2	....	....	....	....	....	1	....	5
Asphyxia ex submersione	....	17	....	1	1	....	....	....	....	15	....	19
Cartilaginis intra-articularis dislocatio	....	4	....	2	2	....	....	....	....	....	....	40
Concussio	....	16	....	14	2	....	....	....	....	....	....	66
Contusio	4	174	12	170	16	3	....	....	....	....	1	1,018
Deformitas	2	112	19	34	29	69	....	....	....	....	1	564
Dislocatio	....	30	....	19	9	1	....	....	....	1	....	183
Fractura	4	153	7	84	63	4	....	....	2	4	7	2,300
Fulminis ictus	....	1	1	1	1	....	....	....	....	....	....	4
Hernia	4	185	17	41	122	38	....	....	....	....	5	1,148

10. *Detailed statement, 1909*—Continued.

NAVY-YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class XIV—Continued.												
Injuries—Continued.												
Membri clades		3		2	1							98
Musculi ruptio		4		4								57
Stremma	1	315	11	290	32	1					4	1,624
Virium defectio		2				2						2
Vulnus contusum		53	2	47	8							206
Vulnus incisum	2	72	1	63	10					1	1	532
Vulnus infectum		65		53	12							364
Vulnus laceratum	3	128	5	116	16						4	1,191
Vulnus punctum		27		22	4						1	127
Vulnus sclopeticum		25	1	8	11					7		125
Other diseases of this class		17	2	14	3	1					1	109
Class XV:												
Extraneous bodies—												
Corpus extraneum		11		9	2							34
Class XVI:												
Poisons—												
Alcoholismus		141	12	104	44	2				2	1	362
Venenum irritans		5		3	1					1		7
Venenum neuroticum	1	17		10	4	2				2		82
Vulnus venenatum	3	21	1	19	6							120
Other diseases of this class		2	1	2							1	35
Class XVII:												
Feigned diseases—												
Dementia		1		1								1
Melancholia		1		1								3
Total	168	14,775	1,279	10,781	4,495	682	16	14	7	52	175	79,702

11. *General aggregate, 1909.*

NAVAL HOSPITALS (EXCLUSIVE OF LAS ANIMAS) AND HOSPITAL SHIPS RELIEF AND SOLACE.

Classification of diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I.												
Parasitic infections (animal)	.....	4	4	8	.....	.....	.....	.....	.....	.....	.....	286
CLASS II.												
General infective diseases	114	375	2,484	2,349	388	47	12	.....	6	41	130	72,758
CLASS III.												
Constitutional disorders of nutrition:												
Subsidiary Class 1.—General diseases of nutrition	2	6	14	4	6	8	1	.....	.....	2	1	507
Subsidiary Class 2.—Diseases of the blood	2	8	8	12	2	.....	2	.....	.....	1	1	630
Subsidiary Class 3.—Diseases of the ductless glands	.....	1	5	4	.....	2	.....	.....	.....	.....	.....	181
CLASS IV.												
Diseases of the nervous system	26	53	379	183	51	110	9	66	6	2	31	13,444
CLASS V.												
Diseases of the visual apparatus	14	28	230	184	21	47	5	.....	.....	.....	15	8,669
CLASS VI.												
Diseases of the auditory apparatus	14	27	166	115	16	59	.....	.....	.....	.....	17	6,765
CLASS VII.												
Diseases of the olfactory apparatus	6	4	22	24	2	3	.....	.....	.....	.....	3	614
CLASS VIII.												
Diseases of the nutritive apparatus:												
Subsidiary Class 1.—Diseases of the digestive system	73	125	1,010	1,025	50	24	13	.....	3	12	81	28,630
Subsidiary Class 2.—Diseases of the circulatory system	34	48	209	148	24	85	3	.....	.....	10	21	9,460
Subsidiary Class 3.—Diseases of the respiratory system	29	36	268	242	30	27	2	.....	2	1	29	10,810
CLASS IX.												
Diseases of the organs of locomotion	21	20	201	142	21	44	5	.....	2	.....	28	10,143
CLASS X.												
Diseases of the skin and connective tissue	31	43	407	394	26	9	2	.....	2	2	46	14,979
CLASS XI.												
Venereal diseases	215	291	1,419	1,387	78	223	1	.....	13	5	218	84,552
CLASS XII.												
Diseases of genito-urinary apparatus	41	47	336	307	24	40	2	.....	1	12	38	14,555
CLASS XIII.												
Cysts and new growths	2	9	32	28	7	2	.....	.....	.....	4	2	1,504
CLASS XIV.												
Injuries	90	67	715	591	49	92	14	.....	4	10	112	35,734
CLASS XV.												
Extraneous bodies	1	.....	3	3	1	.....	.....	.....	.....	.....	.....	80
CLASS XVI.												
Poisons	6	12	94	88	9	11	.....	1	1	2	.....	1,847
CLASS XVII.												
Feigned diseases	.....	.....	9	9	.....	.....	.....	.....	.....	.....	.....	136
Total	721	1,204	8,015	7,247	805	833	71	67	40	104	773	316,274

12. *Detailed statement, 1909.*

NAVAL HOSPITALS AND HOSPITAL SHIPS.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.		On leave.	To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.						
CLASS I:												
Parasitic infections (animal)—												
Ankylostomiasis		3		3								91
Ascariasis		1	1	2								147
Tæniasis			3	3								48
CLASS II:												
General infective diseases (non-venereal).												
Catarrhus epidemicus	2	11	72	80	2	1					2	1,688
Denguis	1	2	119	122								902
Diphtheria	1	14	13	23		1				1	3	733
Dysenteria amœbica	6	2	25	20	6	2	1				4	1,903
Dysenteria infectiva (bacillary)			1	1								32
Dysenteria (undefined)	2		18	15	2	3						910
Enteritis flagellata		1	1	2								32
Enteritis infectiva			1	1								29
Erysipelas	1	2	11	11			1				2	374
Febris cerebro-spinalis		1	1	2								130
Febris melitensis	1			1								38
Febris pneumonica	2	20	94	82	11	1	1			11	10	3,719
Febris recurrens			3	3								36
Febris rheumatica	10	7	131	105	15	10			2		16	6,315
Febris typhoides	5	34	129	110	17		8			18	20	8,675
Gangræna acuta infectiva			1							1		1
Malaria—												
(*a*) Cachexia malarialis	5	1	14	15	3	2					1	496
(*b*) Febris æstivo-autumnalis	3	7	6	14	1						1	482
(*c*) Febris quartana		1	4	4	1							118
(*d*) Febris tertiana	18	32	234	261	16	1			1		5	6,253
Morbilli		23	488	480	17	1					13	8,510
Parotiditis epidemica	18	36	489	516	16				3		8	10,998
Pertussis			1	1								77
Pyæmia		2								2		6
Pyrexia ortus incerti		7	83	81	7						2	920
Rheumatismus articularis chronicus	8	9	83	62	17	11	1				9	4,200
Rubella		36	147	169	10						4	2,275
Scarlatina	1	24	68	79	3	1				3	7	3,415
Septicæmia	1	1	2	1	2	1						594
Tuberculosis miliaris acuta		3	7	4	2	1				3		276
Tuberculosis pneumonica	23	74	214	48	231	10				3	19	7,097
Tuberculosis of other parts	3	8	5	7	7	1				1		828
Vaccinia		2	2	3	1							20
Varicella	1	10	11	17	1						4	375
Variola	1	4	1	3						3		184
Other diseases of this class	1	1	5	6	1							117
CLASS III.—CONSTITUTIONAL DISORDERS OF NUTRITION:												
Subsidiary class 1.—General diseases of nutrition—												
Diabetes insipidus		1	1	1	1							97
Diabetes mellitus		2	6		2	3	1			2		236
Hæmophilia		1				1						6
Lithæmia		1	1		1	1						38
Purpura			1		1							6
Other diseases of this class	2	1	5	3	1	3					1	124
Subsidiary class 2.—Diseases of the blood—												
Anæmia chronica splenica			1							1		101
Anæmia perniciosa			1				1					57
Anæmia simplex	2	5	6	10	2		1					277
Leucocythæmia		3		2							1	185
Subsidiary class 3.—Diseases of the ductless glands—												
Bronchocele		1	5	4		2						181
CLASS IV:												
Diseases of the nervous system—												
Aphasia			1			1						35
Cephalalgia	1	1	12	8	2	1	1		1		1	401

12. *Detailed statement, 1909*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS IV—Continued.												
Diseases of the nervous system—Continued.												
Chorea			5	2	1						2	75
Dementia	1	4	55	9	4	11		33			3	1,198
Encephalitis		1								1		1
Epilepsia	3	5	35	14	1	26		1			1	1,078
Febris thermica			1	1								34
Hemiplegia	2	2	8	4	3	3					2	657
Insomnia	1		1				1				1	6
Mania		2	10	2	2	2		5			1	180
Melancholia		4	31	3	6	9	1	13	1		2	545
Meningitis			1	1								34
Monoplegia			4	1	1	2						182
Myelitis	1			1								17
Nausea marina		1	5	1		4					1	135
Neuralgia		2	16	13		2	1				2	368
Neurasthenia	4	14	96	62	17	21	4		2		8	3,962
Neuritis	4	1	15	17	1	1			1			1,082
Neuritis multiplex		1	3	2	1	1						277
Paralysis agitans			1			1						17
Paralysis insanorum generalis		2	2		1			3				80
Paranoia	1	1	17	5	2	2		10				357
Paraplegia			1								1	21
Prostratio thermica	1		6	3	2	2						200
Sciatica		1	13	9	3						2	550
Sclerosis spinalis lateralis spastica		1			1							3
Sclerosis spinalis multiplex			1			1						31
Sclerosis spinalis posterior	2	2	4	4		8					1	378
Torticollis spasmodica			1			1						57
Vertigo			14	9		2	1		1		1	252
Other diseases of this class	5	8	20	12	3	14		1		1	2	1,246
CLASS V:												
Diseases of the visual apparatus—												
Achromatopsia			3	1		2						51
Amblyopia		1	17	8	4	5					1	667
Asthenopia	1	2	25	21	2	4	1					560
Astigmatismus	1	2	25	22	1	3					2	398
Blepharitis			1		1							4
Cataracta	1	1	4	5		1						126
Chalazion			1	1								87
Chorioiditis		1	4	2		2	1					203
Conjunctivitis	1		19	15	1	3					1	452
Corneæ ulcus	1	1	5	6		1						274
Dacryocystitis		1	4	4		1						192
Ectropium			1	1								58
Glaucoma			1	1								21
Hordeolum		2		2								8
Hypermetropia		3	6	6		2					1	140
Iritis	2	1	9	7		2					3	462
Keratitis	1	3	5	5		3	1					551
Leucoma		2		2								110
Myopia			37	26	1	9					1	745
Neuritis optica	1	3	3	1	1	2	1				2	898
Obstructio lacrimalis		1	2	2							1	168
Pterygium	1	2	24	25	1						1	786
Retinitis	2		13	5	4	4	1				1	758
Trachoma	2		8	5	3	1					1	485
Other diseases of this class		2	13	11	2	2						465
CLASS VI:												
Diseases of the auditory apparatus—												
Mastoiditis		1	7	5	1	1					1	228
Myringitis			1	1								48
Membranæ tympani ruptio			2			2						85
Otitis externa		1	17	16							2	398
Otitis media	9	16	120	79	13	41					12	4,082
Surditas	5	8	19	13	2	15					2	1,300
Other diseases of this class		1		1								24

12. *Detailed statement, 1909*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class VII:												
Diseases of the olfactory apparatus—												
Antri abscessus	1			1								24
Rhinitis acuta		1	2	2							1	19
Rhinitis chronica	4	2	16	15	2	3					2	456
Other diseases of this class	1	1	4	6								115
Class VIII.—Diseases of the Nutritive Apparatus:												
Subsidiary class 1.—Diseases of the digestive system—												
Ani prolapsio		1	2	2		1						69
Ani rhagades			5	5								153
Appendicitis	30	40	228	229	12	9	10		1	6	31	10,830
Catarrhus gastricus acutus		2	16	16	1							198
Catarrhus gastricus chronicus	3	3	28	24	4	4					2	1,689
Catarrhus intestinalis acutus	1	5	17	19	3						1	327
Catarrhus intestinalis chronicus		6	10	11	3						2	494
Cholecystitis	1	1	6	6							2	395
Cholelithiasis		2	4	5		1						349
Colica		1	13	12	1						1	209
Colitis			3	3								53
Constipatio	1	4	6	10	1							192
Dentis caries			1	1								10
Dyspepsia nervosa		1	2	2	1							67
Enteritis			7	5	2							128
Enteroptosis			2	2								75
Fistula in ano	5	1	28	25	4	2					3	1,001
Gastralgia			3	2		1						53
Hæmorrhoids	11	14	177	180	8	2			1		11	4,261
Hepatitis acuta		1	3	3						1		143
Hepatitis chronica	1	1	2	1						2	1	389
Hepatitis suppurativa	1	3		2						1	1	203
Hypertrophia tonsillaris	1		23	21	2						1	460
Icterus	1	2	36	38					1			1,111
Obstructio intestinalis		2	1	1						1	1	49
Œsophagostenosis			1	1								4
Pancreatitis			1	1								1
Peritonitis		2	2	2						1	1	63
Pharyngitis	3	2	10	12	1	2						358
Proctitis		1	4	5								332
Pyorrhœa alveolaris	1	1	1	2	1							115
Stomatitis		1	8	9								134
Tonsillitis	12	25	347	357	6	1					20	4,120
Ulcus duodenum		1	2	1			1				1	96
Ulcus gastricum		1	5	3		1					2	286
Other diseases of this class	1	1	6	7			1					213
Subsidiary class 2.—Diseases of the circulatory system—												
A—Blood vessels—												
Aneurysma		2	2	2		1				1		133
Angina pectoris		1	2	2		1						41
Arteriosclerosis			2	1						1		26
Cordis dilatatio		2	3		2	1				2		150
Cordis hypertrophia			4	1	1	2						176
Cordis palpitatio	6	6	51	25	6	29	1				2	1,873
Cordis valvularum morbus	11	22	46	23	8	39				3	6	2,286
Endocarditis		4	8	3	1	3	1			3	1	454
Myocarditis		1	1			2						84
Phlebitis	3	1	9	9		2					2	465
Thrombosis			2	1		1						98
Varix	5	1	30	27	1	3					5	1,120
B—Lymphatics—												
Lymphadenitis	7	7	45	49	5		1				4	2,224
Lymphangitis	1		4	4							1	155
Other diseases of this class	1	1		1		1						205
Subsidiary class 3.—Diseases of the respiratory system—												
Asthma	2	2	21	12	1	8					4	1,001
Bronchopneumonitis		2	11	10						1	2	352

12. *Detailed statement, 1909*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Con.												
Subsidiary class 3.—Diseases of the respiratory system—Cont'd.												
Bronchitis acuta	9	11	88	88	8	3					9	1,757
Bronchitis chronica	7	4	58	47	8	9			1		4	2,641
Hæmoptysis		1	5	5	1							72
Laryngitis acuta	1	2	12	12	2	1						303
Laryngitis chronica	1		4	2		1					2	288
Pleuritis acuta	2	5	48	41	5		2		1		6	2,276
Pleuritis chronica	1	4	15	10	5	4					1	706
Pleuritis purulenta	4	5	5	12		1					1	1,312
Other disease of this class	2		1	3								102
CLASS IX:												
Diseases of the organs of locomotion—												
Ankylosis			3			2					1	102
Arthritis	3	2	28	17	5	6					5	1,579
Arthritis deformans		1				1						25
Bursitis		1	11	8	1	1					2	448
Caries			1	1								38
Contractura			6	2	2	1	1					116
Ganglion		1		1								1
Myalgia acuta	1	2	32	33	1						1	1,166
Myalgia chronica	4	1	31	23	4	6	2				1	1,199
Necrosis	1		6	4	1				1		1	449
Osteitis			3	1							2	321
Osteomyelitis	1	1									2	412
Periostitis	3		16	13	1	2					3	899
Pes planus	1	8	27	10	2	18					6	1,228
Synovitis	5	1	28	23	2	3	2		1		3	1,487
Thecitis		1	2	2							1	29
Other diseases of this class	2	1	7	4	2	4						644
CLASS X:												
Diseases of the skin and connective tissue—												
Abscessus	14	13	103	95	11	5			1		18	5,973
Acne			3	2							1	79
Carbunculus			7	6							1	220
Cellulitis	3	2	28	28	1					2	2	1,048
Clavus			1	1								26
Cutis fissuræ		1		1								58
Dermatitis venenata			4	4								62
Eczema		2	13	7	2						6	503
Erythema		3	1	4								17
Furunculus	2	1	12	14	1							289
Impetigo contagiosa		2		2								39
Lupus	1		3	2	2							326
Miliaria papulosa			3	3								16
Pediculosis			3	3								9
Pemphigus		1		1								19
Pityriasis		2	1	3								44
Prurigo		1		1								17
Psoriasis			1	1								87
Scabies	4	8	163	159	4	1					11	3,207
Trichophytosis	2	1	8	10							1	372
Ulcus	5	3	35	30	4	1	2				6	1,956
Unguis involutus		1	11	9	1	1			1			379
Urticaria		1	2	2		1						72
Verruca			1	1								46
Other diseases of this class		1	4	5								113
CLASS XI:												
Venereal diseases—												
Adentitis inguinalis	27	8	176	170	9	8			1		23	9,450
Arthritis gonorrhoica	26	22	116	67	8	57			2		30	8,416
Chancroid	16	11	57	67	6	2			3		6	3,359
Epididymitis	2	8	76	72	1	1			1		11	2,738

12. *Detailed statement, 1909*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
Class XI—Continued.												
Venereal diseases—Continued.												
Fistula urinalis			3	2							1	181
Gonorrhœa	31	97	275	329	5	20			2		47	15,451
Ophthalmia gonorrhoica	3		20	18	2	2					1	614
Orchitis	11	6	82	84	8	2			1		4	3,244
Prostatitis	1		3	2	1	1						133
Syphilis consecutiva	81	126	530	487	35	124	1		1	5	84	36,465
Syphilis primitiva	10	6	35	41	2	3			1		4	2,655
Urethræ strictura	1	4	23	23	1				1		3	976
Verruca acuminata	3	3	12	14		1					3	387
Other diseases of this class	3		11	11		2					1	483
Class XII:												
Diseases of the genito-urinary apparatus (non-venereal)—												
Balanitis	1		1	2								127
Cystitis	6	3	11	12	2	4			1		1	780
Enuresis	2		17	11	1	6					1	599
Hæmaturia			3	2						1		167
Hydrocele	5	4	21	22	1	5					2	1,310
Nephritis acuta	4	1	21	10	5	2				2	7	1,191
Nephritis chronica	4	14	23	12	4	11	1			8	5	1,598
Nephrolithiasis		5	3	4		1	1				2	287
Paraphimosis			3	2							1	80
Perinephritis		1		1								56
Phimosis	4	6	44	52	1						1	950
Pyelitis		1	4	3						1	1	255
Urethritis simplex			1	1								14
Urinæ incontinentia			3	1		2						139
Urinæ retentio			1	1								20
Varicocele	12	10	174	165	8	7					16	6,233
Other diseases of this class	3	2	6	6	2	2					1	749
Class XIII:												
Cysts and new growths—												
Adenoma	1		1	1		1						61
Carcinoma		3	6	3	4					2		206
Cystis		2	6	8								288
Epithelioma			3	2	1							130
Fibroma		1	5	5	1							132
Lipoma		2	3	2	1	1					1	93
Osteoma			4	4								102
Sarcoma	1	1	2	1						2	1	427
Other diseases of this class			2	2								65
Class XIV:												
Injuries—												
Abrasio		1	1	2								24
Ambustio ex calore	3	4	19	20		2				1	3	1,184
Ambustio ex electricitate			1	1								7
Ambustio ex venenis			3	1							2	83
Asphyxia		1		1								82
Asphyxia ex submersione		3	1							4		4
Cartilaginis intra-articularis dislocatio			4	3		1						159
Concussio	1		4	4		1						72
Contusio	5	2	29	25	4	3					4	838
Deformitas	9	6	62	46	5	91					5	3,038
Dislocatio	6	3	23	23	3	3	1				2	1,239
Fractura	34	15	142	119	13	19	2		2	2	34	10,645
Hernia	22	11	266	209	15	25	10		2		38	10,960
Membri clades		2	4		1	3					2	278
Musculi ruptio		1	1	1		1						47
Visceris ruptio			3	2	1							355
Stremma	5	11	48	53	3	3					5	1,927
Virium defectio		1	1	1		1						158
Vulnus contusum	1		12	10	2						1	490
Vulnus incisum	1	1	13	13		1				1		288
Vulnus infectum			15	13							2	359

12. *Detailed statement, 1909*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XIV—Continued.												
Injuries—Continued.												
Vulnus laceratum	1	3	31	21	2	2	....	....	....	....	10	1,926
Vulnus punctum	2	....	11	9	....	2	....	....	....	....	2	392
Vulnus sclopeticum	....	2	17	12	....	2	1	....	....	2	2	1,003
Other diseases of this class	....	....	4	2	....	2	....	....	....	....	....	176
CLASS XV:												
Extraneous bodies—												
Corpus extraneum	1	....	3	3	1	....	....	....	....	....	....	80
CLASS XVI:												
Poisons—												
Alcoholismus	....	7	70	65	7	3	....	....	....	2	....	795
Venenum irritans	....	2	1	3	....	....	....	....	....	....	....	30
Venenum neuroticum	2	2	9	4	2	5	....	1	1	....	....	277
Vulnus venenatum	4	1	7	12	....	....	....	....	....	....	....	596
Other diseases of this class	....	....	7	4	....	3	....	....	....	....	....	149
CLASS XVII:												
Feigned diseases—												
Astigmatismus	....	....	2	2	....	....	....	....	....	....	....	15
Contusio	....	....	1	1	....	....	....	....	....	....	....	30
Otitis media	....	....	1	1	....	....	....	....	....	....	....	33
Cephalalgia	....	....	1	1	....	....	....	....	....	....	....	11
Myalgia acuta	....	....	1	1	....	....	....	....	....	....	....	11
Arthritis gonorrhoica	....	....	3	3	....	....	....	....	....	....	....	37
Total	721	1,204	8,015	7,247	805	833	71	67	40	104	773	316,274

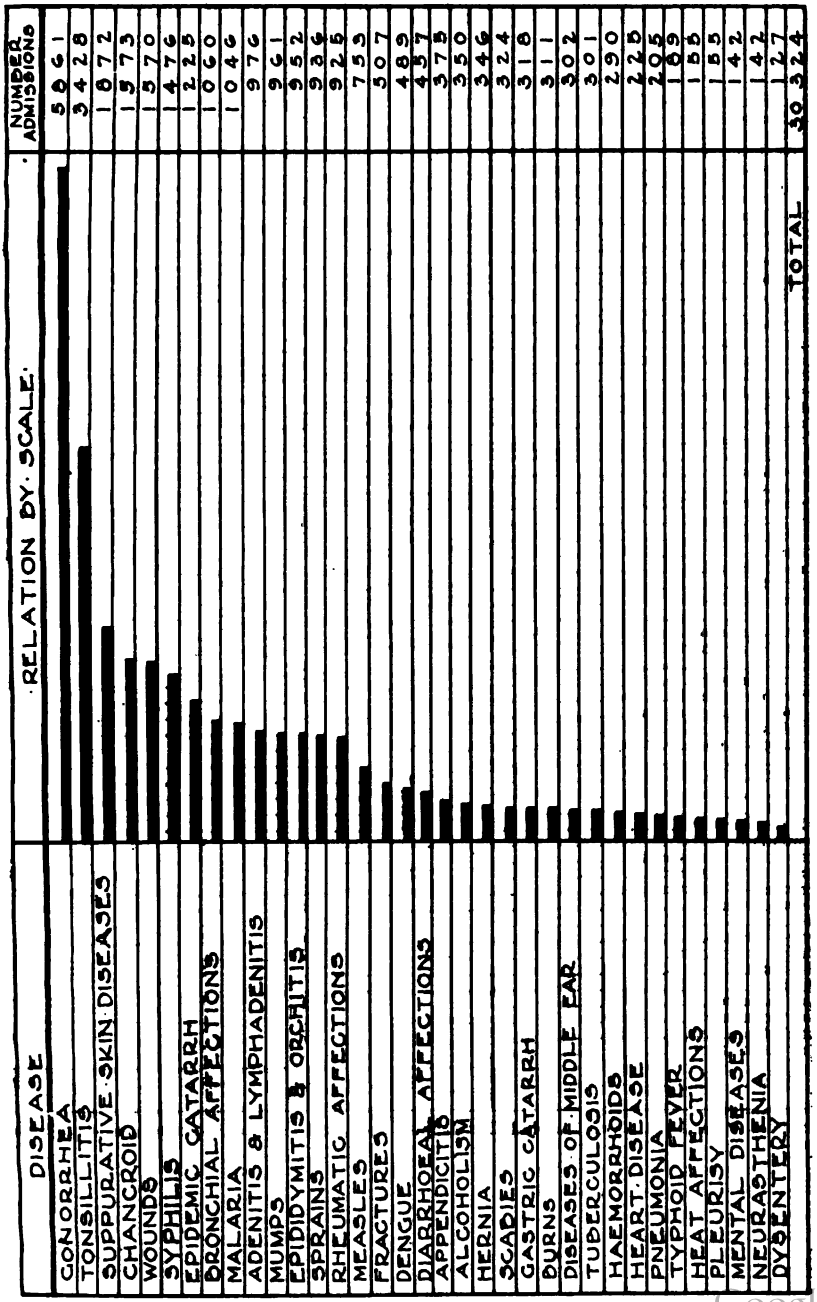
13. *Report of vaccinations in the Navy and Marine Corps for the year 1909.*

Classification.	Successful.	Unsuccessful	Undetermined.	Percentage of success.[a]
Class I.—No evidence of previous vaccination	1,887	1,988	755	40.75
Class II.—Evidence of previous vaccination	5,775	12,113	1,679	29.51
Class III.—Evidence of having had smallpox	16	173	4	8.29
Total	7,678	14,274	2,438	31.48

[a] Based upon results that were determined.

XIV

PREVALENCE OF SPECIAL DISEASES AND INJURIES IN THE NAVY AND MARINE CORPS DURING YEAR 1909.



15. *Mortuary record for the Navy and Marine Corps for the year 1909.*

Causes of death.	Where deaths occurred.				
	Hospitals and hospital ships.	Yards, barracks, stations, receiving and station ships.	Cruising ships.	Elsewhere.	Total.
Abscessus			1		1
Alcoholismus	2	2	5		9
Ambustio ex calore	1		3		4
Anæmia chronica	1				1
Aneurysma	1		3	1	5
Apoplexia		3	1		4
Appendicitis	6	1			7
Arteriosclerosis	1		1		2
Asphyxia		1	5		6
Asphyxia ex submersione	4	15	30	2	51
Bronchopneumonitis	1		1		2
Carcinoma	2			1	3
Cellulitis	2				2
Concussio			1		1
Cordis dilatatio	2	1	2		5
Cordis inhibitio			1		1
Cordis valvularum morbus	3				3
Dementia				1	1
Diabetes mellitus	2				2
Diphtheria	1				1
Dislocatio		1			1
Dysenteria infectiva			1		1
Encephalitis	1				1
Endocarditis	3				3
Erysipelas			1		1
Febris cerebro-spinalis		2			2
Febris pneumonica	11	1	4	1	17
Febris typhoides	13	1	2	1	17
Fractura	2	4	7		13
Gangræna acuta	1				1
Hæmaturia	1				1
Hæmorrhagia cerebelli			1		1
Hepatitis acuta	1				1
Hepatitis chronica	2				2
Hepatitis suppurativa	1				1
Nephritis acuta	3	1	1		5
Nephritis chronica	7	1	2		10
Obstructio intestinalis	1	1			2
Paralysis ascendens acuta	1				1
Peritonitis	1				1
Pleuritis purulenta		2		1	3
Pyæmia	2				2
Pyelitis	1				1
Sarcoma	2				2
Scarlatina	3				3
Syphilis consecutiva	5				5
Thrombosis			1		1
Tuberculosis miliaris acuta	3		1		4
Tuberculosis pneumonica[a]	31	2		1	34
Tuberculosis of other parts	1	1			2
Urinæ suppressio		1			1
Variola	3		1		4
Venenum irritans		1	2		3
Venenum neuroticum		2		1	3
Visceris ruptio			1		1
Volvulus				1	1
Vulnus incisum	1	1	1		3
Vulnus laceratum			1	1	2
Vulnus sclopeticum	2	7	6	2	17
Vulnus venenatum			1		1
Total	132	52	88	14	286

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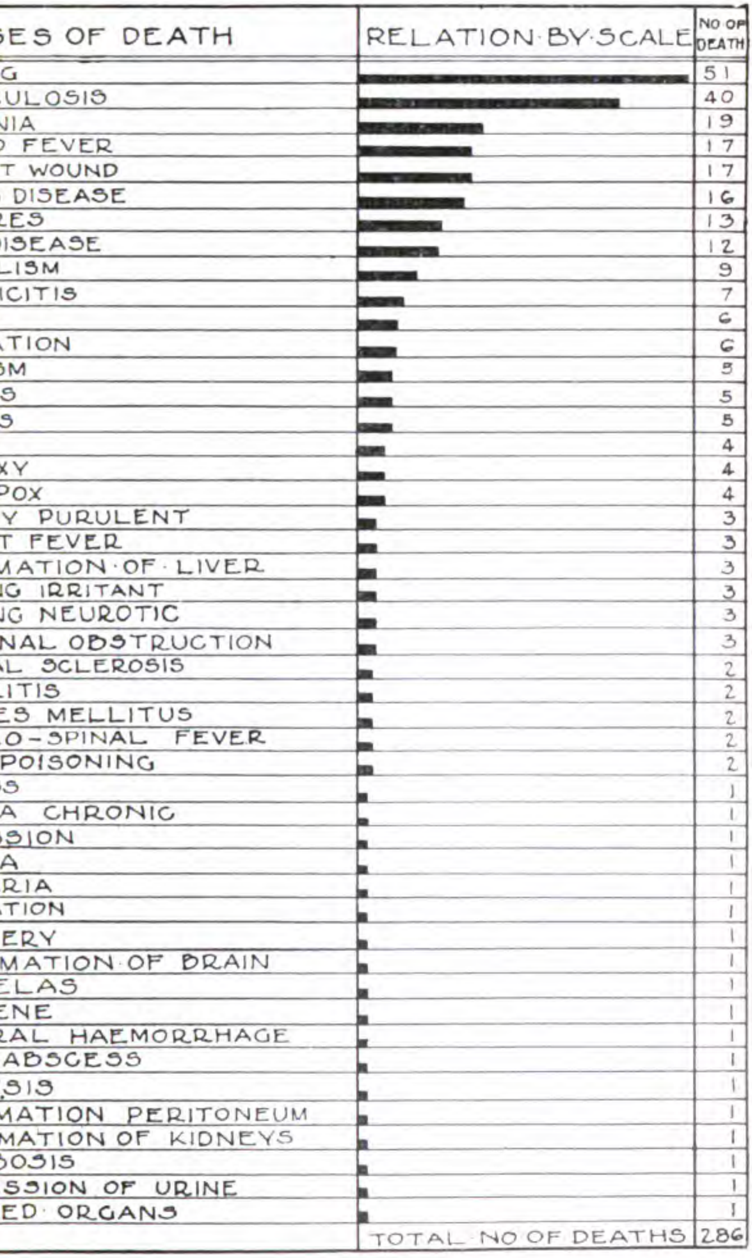
[a] Includes 27 deaths at Naval Hospital, Las Animas, Colo., and 1 at the Government Hospital for the Insane.

XVI

S IN·THE·NAVY·AND·MARINE·CORPS
DURING THE YEAR 1909
AVERAGE·STRENGTH 57172
ATIO·PER·1000·OF·STRENGTH 5.00



17. *General aggregate, 1909.*

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.

Classification of diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage, in terms of percentage of sick.
					To hospital.	From service.	On leave	To Hospital for Insane.					
CLASS I.													
Parasitic infections (animal)	.....	38	9	43	4	.....	.....	.....	.....	.....	.....	397	0.001973
CLASS II.													
General infective diseases..	197	6,497	3,078	6,632	2,782	69	15	....	6	58	210	110,141	.669898
CLASS III.													
Constitutional disorders of nutrition:													
Subsidiary Class 1.—General diseases of nutrition..........	3	18	17	9	15	10	1	....	....	2	1	561	.012276
Subsidiary Class 2.—Diseases of the blood..	2	40	9	34	9	4	2	....	....	1	1	861	.006049
Subsidiary Class 3.—Diseases of the ductless glands..........	.....	13	5	8	5	5	....	....	....	....	.....	207	.006306
CLASS IV.													
Diseases of the nervous system......................	45	1,011	515	840	387	192	17	82	7	7	39	19,285	a.341449
CLASS V.													
Diseases of the visual apparatus..................	24	831	338	819	239	100	9	....	1	....	25	13,137	.152690
CLASS VI.													
Diseases of the auditory apparatus...............	15	503	219	425	176	113	....	....	....	....	23	8,812	.142567
CLASS VII.													
Diseases of the olfactory apparatus...............	7	198	29	199	26	6	....	....	....	....	3	1,190	.011156
CLASS VIII.													
Diseases of the nutritive apparatus:													
Subsidiary Class 1.—Diseases of the digestive system........	134	6,284	1,254	6,388	1,063	46	14	....	4	14	143	58,377	.317723
Subsidiary Class 2.—Diseases of the circulatory system......	53	650	298	493	229	224	4	....	....	19	32	14,577	.284629
Subsidiary Class 3.—Diseases of the respiratory system...	47	1,409	344	1,399	299	42	2	....	3	4	51	19,118	.130220
CLASS IX.													
Diseases of the organs of locomotion................	34	891	292	800	217	150	5	....	2	....	43	16,222	.211723
CLASS X.													
Diseases of the skin and connective tissue........	96	2,908	552	3,018	429	20	2	....	2	3	82	33,877	.188470

a Invaliding to "Hospital for Insane" has damage value equivalent to invaliding from service.

17. *General aggregate, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

Classification of diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for Insane.					
CLASS XI.													
Venereal diseases..........	298	11,064	2,521	11,790	1,466	285	2	....	14	5	321	139,396	0.946258
CLASS XII.													
Diseases of the genito-urinary apparatus.......	59	903	398	867	356	71	2	....	2	18	44	20,211	.178234
CLASS XIII.													
Cysts and new growths....	2	88	35	75	40	4	....	....	....	4	2	1,876	.016320
CLASS XIV.													
Injuries....................	180	4,879	936	4,707	756	218	15	....	7	94	198	72,865	.684827
CLASS XV.													
Extraneous bodies.........	1	33	3	33	4	.....	....	....	....	....	....	171	.000849
CLASS XVI.													
Poisons....................	13	472	125	474	99	17	....	1	1	15	3	3,456	[a].046018
CLASS XVII.													
Feigned diseases...........	.....	5	9	14	.....	.....	....	....	....	....	.....	149	.000733
Total................	1,210	38,735	10,986	39,067	8,601	1,576	90	83	49	244	1,221	529,886	4.296755

[a] Invaliding to "Hospital for Insane" has damage value equivalent to invaliding from service.

18. *Detailed statement, 1909.*

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for Insane.					
Class I:													
Parasitic infections (animal)—													
Ankylostomiasis	......	9	......	9	....	....	....	....	....	....	....	104	0.000516
Ascariasis	......	8	1	8	1	....	....	....	....	....	....	179	.000889
Oxyuriasis	......	1	......	1	....	....	....	....	....	....	....	3	.000014
Tæniasis	......	18	8	23	3	....	....	....	....	....	....	99	.000492
Trichiniasis	......	1	......	1	....	....	....	....	....	....	....	3	.000014
Other diseases of this class	......	1	......	1	....	....	....	....	....	....	....	9	.000044
Class II:													
General infective diseases (non-venereal)—													
Catarrhus epidemicus	8	1,225	101	1,236	77	1	1	....	....	....	19	6,462	.032744
Denguis	4	489	138	508	120	....	....	....	....	....	3	2,664	.012798
Diphtheria	1	29	14	25	14	1	....	....	....	1	3	775	.005590
Dysenteria amœbica	8	58	35	66	25	2	1	....	....	....	7	2,611	.014548
Dysenteria infectiva (bacillary)	......	18	4	15	6	....	....	....	....	1	....	179	.001754
Dysenteria (undefined)	8	46	21	49	17	3	....	....	....	....	1	1,198	.008530
Enteritis flagellata	......	3	6	8	1	....	....	....	....	....	....	64	.000315
Enteritis infectiva	......	2	1	2	1	....	....	....	....	....	....	32	.000157
Erysipelas	1	25	11	22	11	....	1	....	....	1	2	509	.003384
Febris cerebro-spinalis	......	11	2	9	2	....	....	....	....	2	....	416	.003799
Febris melitensis	1	......	......	1	....	....	....	....	....	....	....	40	.000191
Febris pneumonica	7	205	97	163	110	1	2	....	....	16	17	5,519	.042259
Febris recurrens	2	17	6	20	5	....	....	....	....	....	....	109	.000537
Febris rheumatica	20	332	180	348	145	13	....	....	2	....	24	9,835	.059868
Febris typhoides	9	189	139	145	147	....	9	....	....	16	20	10,378	.065168
Frambœsia	1	......	......	......	....	1	....	....	....	....	....	61	.001175
Gangræna acuta infectiva	......	1	1	......	1	....	....	....	....	1	....	1	.000878
Malaria—													
(*a*) Cachexia malarialis	6	26	20	35	14	2	....	....	....	....	1	754	.005486
(*b*) Febris æstivo-autumnalis	5	115	40	153	6	....	....	....	....	....	1	1,080	.006367
(*c*) Febris hæmoglobinurica	......	23	2	25	....	....	....	....	....	....	....	214	.001064
(*d*) Febris quartana	1	13	7	20	1	....	....	....	....	....	....	211	.001048
(*e*) Febris tertiana	23	870	525	1,152	248	1	....	....	1	....	16	10,670	.053908
Morbilli	2	494	492	553	421	1	....	....	....	....	13	9,686	.048335
Paralysis ascendens acuta	......	1	1	......	1	....	....	....	....	1	....	10	.000923
Parotiditis epidemica	40	961	511	990	507	....	....	....	3	....	12	17,765	.088292
Pertussis	......	3	1	3	1	....	....	....	....	....	....	126	.000604
Pyæmia	......	2	......	......	....	....	....	....	....	2	....	6	.001788
Pyrexia ortus incerti	......	289	89	282	88	....	....	....	....	....	8	2,083	.009981
Rheumatismus articularis chronicus	15	177	121	195	91	14	1	....	....	....	12	6,619	.044081
Rubella	1	259	151	241	160	....	....	....	....	....	10	3,485	.016693
Scarlatina	1	95	69	86	68	1	....	....	....	3	7	3,669	.021731
Septicæmia	2	3	4	3	5	1	....	....	....	....	....	645	.004080
Tuberculosis miliaris acuta	......	18	7	4	12	4	....	....	....	4	1	470	.009327
Tuberculosis pneumonica	28	276	255	79	430	21	....	....	....	5	24	9,189	.068398
Tuberculosis of other parts	4	17	7	10	12	2	....	....	....	2	2	909	.008014
Vaccinia	......	131	2	128	3	....	....	....	....	....	2	612	.003043
Varicella	1	30	11	24	14	....	....	....	....	....	4	445	.002217
Variola	1	13	1	6	5	....	....	....	....	4	....	259	.004783
Other diseases of this class	2	28	7	23	13	....	....	....	....	....	1	324	.001610

18. *Detailed statement, 1909*—Continued.

LOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

seases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
CONSTITUTIONAL ERS OF NUTRI-													
Class 1.—Gen- seases of nutri-													
insipidus	....	2	1	1	2	....	....	....	....	....	....	96	0.000486
mellitus	....	6	8	2	6	3	1	....	....	2	....	278	.005752
illia	....	1	....	....	....	1	....	....	....	....	....	6	.000914
a	....	2	1	....	2	1	....	....	....	....	....	38	.001061
....	....	2	1	1	....	2	....	....	....	....	....	4	.001768
....	1	1	1	1	2	....	....	....	....	....	....	9	.000044
iseases of this	2	4	5	4	3	3	....	....	....	....	1	128	.003258
class 2.—Dis- the blood—													
chronica splen-	....	....	1	....	....	....	....	....	....	1	....	101	.001375
perniciosa	....	1	1	....	1	....	1	....	....	....	....	71	.000352
simplex	2	36	7	32	8	4	1	....	....	....	....	504	.006001
thæmia	....	3	....	2	....	....	....	....	....	....	1	185	.000919
class 3.—Dis- of the ductless													
cele	....	13	5	8	5	5	....	....	....	....	....	207	.005398
the nervous sys-													
ia	....	4	....	....	....	....	....	....	....	4	....	4	.003515
....	....	2	1	1	1	1	....	....	....	....	....	66	.001202
muscularis siva	....	1	....	....	1	....	....	....	....	....	....	....	....
gia	1	106	20	110	13	1	1	....	1	....	1	711	.004407
....	....	6	8	4	6	2	....	....	....	....	2	115	.002319
a	2	75	63	19	57	16	....	44	....	....	4	1,850	*a*.061634
litis	....	1	....	....	....	....	....	....	....	1	....	1	.000878
a	5	79	66	45	35	63	....	1	1	....	5	1,841	*a*.065085
ermica	....	40	1	41	....	....	....	....	....	....	....	208	.001033
hagia cerebelli	....	1	....	....	....	....	....	....	....	1	....	1	.000878
nia	....	2	....	2	....	....	....	....	....	....	....	10	.000923
gia	3	12	8	8	8	5	....	....	....	....	2	766	.008177
a	1	11	2	10	1	....	2	....	....	....	1	104	.000516
....	1	13	12	6	9	2	....	7	....	....	2	322	*a*.009516
olia	2	38	38	13	35	11	1	14	1	....	3	929	*a*.026467
is	....	2	1	2	1	....	....	....	....	....	....	54	.000268
gia	....	2	8	2	6	2	....	....	....	....	....	245	.002965
....	1	....	....	1	....	....	....	....	....	....	....	17	.000084
narina	2	45	24	55	5	10	....	....	....	....	1	283	.010146
a	2	115	24	119	17	2	1	....	....	....	2	863	.006037
enia	4	142	117	112	97	36	8	....	2	....	8	4,670	.054673
....	7	32	19	36	18	3	....	....	1	....	....	1,579	.010469
multiplex	....	2	4	2	3	1	....	....	....	....	....	281	.002270
a	....	2	....	2	....	....	....	....	....	....	....	9	.000044
agitans	....	1	1	....	1	1	....	....	....	....	....	18	.000963
insanorum lis	....	3	2	....	2	....	....	3	....	....	....	82	*a*.003029
....	1	16	20	5	17	2	....	12	....	....	1	409	*a*.014268
ia	....	2	1	1	1	....	....	....	....	....	1	24	.000119
o thermica	3	106	11	111	6	3	....	....	....	....	....	470	.004957
....	....	29	15	29	13	....	....	....	....	....	2	815	.004050
spinalis la- spastica	....	1	....	....	1	....	....	....	....	....	....	3	.000014
spinalis multi-	....	....	1	....	....	1	....	....	....	....	....	31	.001028
spinalis pos-	2	6	4	4	4	3	....	....	....	....	1	380	.004510
is spasmodica	....	9	1	8	1	1	....	....	....	....	....	87	.001306
....	1	45	18	48	10	2	2	....	1	....	1	444	.003954
iseases of this	7	60	24	44	18	24	2	1	....	....	2	1,573	*a*.029667

ling “to Hospital for Insane” has damage value equivalent to invaliding “from service.”

18. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for Insane.					
Class V:													
Diseases of the visual apparatus—													
Achromatopsia		14	4	4	2	12						112	0.011044
Amaurosis		2		2								9	.000044
Amblyopia		20	19	11	17	10					1	735	.012292
Asthenopia	1	79	44	86	27	8	3					1,088	.012150
Astigmatismus	1	104	39	100	28	12					4	702	.013976
Blepharitis		7	1	6	2							24	.000119
Cataracta	1	8	6	10	4	1						223	.001982
Chalazion		3	2	4	1							92	.000457
Chorioditis		4	4	2	3	2	1					208	.002781
Conjunctivitis	4	258	39	258	23	7	2				6	1,689	.014512
Corneæ ulcus	1	24	6	24	5	1					1	427	.002045
Dacryocystitis		5	5	5	4	1						207	.001902
Ectropium		1	1	1	1							58	.000288
Glaucoma		2	1	2	1							40	.000198
Hordeolum		17	1	18								50	.000248
Hypermetropia	3	30	13	30	9	6					1	348	.006948
Iritis	3	48	12	44	9	2					3	916	.006800
Keratitis	2	29	6	28	5	3	1					770	.006448
Leucoma		3	2	5								114	.000556
Myopia		86	61	88	37	20					2	1,051	.022708
Neuritis optica	1	8	4	8	3	3	1				3	936	.007273
Obstructio lacrimalis		5	2	4	2						1	192	.000954
Pterygium	2	33	26	35	24	1					1	886	.006277
Retinitis	3	15	15	12	13	6	1				1	951	.009970
Sclerotitis		1		1								4	.000019
Synechia		1		1								2	.000009
Trachoma	2	13	9	11	10	1			1		1	811	.004904
Other diseases of this class		12	16	15	9	4						537	.096164
Class VI:													
Diseases of the auditory apparatus—													
Mastoiditis		13	9	10	9	1					2	305	.002389
Myringitis		11	1	11	1							78	.000387
Membranæ tympani ruptio		25	4	23	2	4						187	.004425
Otalgia		4		4								9	.000044
Otitis externa		79	25	82	17	1					4	747	.004586
Otitis media	10	302	153	258	125	68					14	5,811	.068312
Surditas	5	64	25	32	20	39					3	1,645	.042261
Vertigo (auralis)		3	2	3	2							5	.000024
Other diseases of this class		2		2								25	.000124
Class VII:													
Diseases of the olfactory apparatus—													
Antri abscessus	1	2		2	1							45	.000223
Catarrhus æstivus		2		2								5	.000024
Rhinitis acuta		155	2	153	3						1	461	.002291
Rhinitis chronica	5	29	21	30	17	6					2	531	.007883
Other diseases of this class	1	10	6	12	5							148	.000735
Class VIII.—Diseases of the Nutritive Apparatus:													
Subsidiary class 1.—Diseases of the digestive system—													
Adenitis salivosa		6		5	1							30	.000149
Ani prolapsio		5	2	3	3	1						108	.001409
Ani rhagades		6	6	7	5							170	.000844
Aphthæ		3		2							1	25	.000124
Appendicitis	38	375	277	375	250	11	10		1	7	36	13,183	.081251
Catarrhus gastricus acutus	2	265	27	274	18		1				1	1,233	.006128
Catarrhus gastricus chronicus	5	53	39	55	33	6	1				2	2,165	.016249

18. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Continued.													
Subsidiary class 1.—Diseases of the digestive system—Continued.													
Catarrhus intestinalis acutus	7	439	29	446	25						4	1,847	0.009179
Catarrhus intestinalis chronicus		18	11	18	8	1					2	594	.003478
Cholangitis		3		3								15	.000074
Cholecystitis	1	10	7	11	5						2	434	.002156
Cholelithiasis		7	8	7	6	2						365	.003562
Colica	1	280	23	287	15						2	923	.004587
Colitis		20	4	22	2							115	.000571
Constipatio	2	166	8	171	4						1	678	.003369
Dentis caries		20	1	16	1	4						109	.004037
Dyspepsia nervosa		10	3	9	3						1	125	.000621
Enteritis		176	16	181	9						2	765	.003802
Enteroptosis		2	2	2	2							98	.000487
Fistula in ano	7	43	31	43	33	2					3	1,422	.008815
Gastralgia		15	3	14	3	1						111	.001425
Gastrectasis		2	1	3								26	.000129
Hæmatemesis		2		2								8	.000039
Hæmorrhois	11	290	193	289	180	9			1		15	5,254	.033978
Hepatis congestio	1	21		19	3							88	.000437
Hepatitis acuta		5	4	6	2					1		159	.001664
Hepatitis chronica	2	5	2	3	2	1				2	1	416	.004689
Hepatitis suppurativa	1	4	1	3	1					1	1	267	.001902
Hypertrophia tonsillaris	1	34	24	32	25	1					1	528	.003498
Icterus	2	139	42	148	32				1		2	2,282	.011092
Obstructio intestinalis		6	1	3	1					2	1	59	.002041
Œsophagostenosis		1	1	1	1							4	.000019
Pancreatitis		1	1	1	1							1	.000004
Parulis		6		6								31	.000154
Periproctitis		4		4								24	.000119
Peritonitis		6	2	3	3					1	1	108	.001409
Pharyngitis	5	85	10	87	11	2						650	.004978
Proctitis		6	4	6	4							339	.001684
Pyorrhœa alveolaris	1	14	3	14	3						1	162	.000805
Stomatitis		257	9	251	12				1		2	1,283	.006376
Tonsillitis	46	3,428	445	3,513	345	3					58	16,634	.085292
Ulcus duodenum		3	2	1	2		1				1	102	.000506
Ulcus gastricum		8	6	5	6	1					2	296	.002345
Other diseases of this class	1	36	6	38	3	1	1					325	.002489
Subsidiary class 2—Diseases of the circulatory system—													
A—Blood vessels—													
Aneurysma		8	2	3	2	1				4		165	.005190
Angina pectoris	1	9	2	9	2	1						127	.001505
Arteriosclerosis		5	3	3	2	1				2		50	.002870
Cordis dilatatio		14	5	4	4	6				5		218	.010697
Cordis hypertrophia		19	6	9	9	7						260	.007409
Cordis inhibitio		1								1		1	.000878
Cordis palpitatio	9	116	89	107	54	48	1				4	2,717	.055455
Cordis valvularum morbus	15	166	63	57	50	124	1			3	9	3,311	.127453
Endocarditis		13	10	4	9	5	1			3	1	609	.010018
Myocarditis		3	2	1		4						101	.003997
Phlebitis	3	17	11	18	9	2					2	503	.004247
Thrombosis		2	3	1	1	2				1		121	.003223
Varix	6	56	42	48	32	19					5	1,523	.024175
B—Lymphatics—													
Lymphadenitis	15	180	54	186	49	3	1				10	4,179	.023391
Lymphangitis	3	32	6	36	4						1	428	.002127
Other diseases of this class	1	9		7	2	1						264	.002186

18. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for insane.					
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Continued.													
Subsidiary class 3.—Diseases of the respiratory system—													
Asthma	5	48	45	54	21	14					4	1,596	0.020168
Bronchopneumonitis	2	40	12	37	12					2	3	800	.005724
Bronchitis acuta	16	949	111	955	96	8			1		21	6,558	.035215
Bronchitis chronica	9	111	76	105	67	18			1		5	3,412	.032680
Hæmoptysis		10	7	10	6						1	112	.000556
Laryngitis acuta	2	72	14	75	11	1					1	671	.004208
Laryngitis chronica	1	9	4	5	6	1					2	326	.002494
Pleuritis acuta	2	121	53	108	54		2		1		11	3,097	.015382
Pleuritis chronica	2	23	15	17	18	4					1	797	.007457
Pleuritis purulenta	5	11	6	13	4	1				2	2	1,512	.010136
Other diseases of this class	3	20	1	20	4							237	.001177
CLASS IX:													
Diseases of the organs of locomotion—													
Ankylosis		6	3	3	3	2					1	108	.002284
Arthritis	5	99	41	90	32	14					9	2,581	.025068
Arthritis deformans		2			1	1						37	.001057
Bursitis	2	35	15	35	12	2					3	688	.005167
Caries		2	1	2	1							41	.000203
Contractura		11	7	5	6	6	1					207	.006272
Ganglion		2		2								18	.000089
Myalgia acuta	6	354	55	375	35						5	2,838	.014104
Myalgia chronica	4	62	38	60	33	8	2				1	1,774	.015808
Necrosis	1	8	6	6	7				1		1	465	.002311
Osteitis		4	3	1	3	1					2	325	.002459
Osteomyelitis	1	1									2	412	.002047
Periostitis	3	29	18	27	17	2					4	1,170	.007562
Pes planus	2	148	51	63	27	104					7	2,493	.103286
Synovitis	8	109	45	118	30	6	2		1		5	2,360	.016973
Thecitis		12	2	9	2						3	59	.000293
Other diseases of this class	2	7	7	4	8	4						646	.006706
CLASS X:													
Diseases of the skin and connective tissue—													
Abscessus	37	1,010	140	1,035	108	5			1	1	37	13,066	.070182
Acne		9	3	8	2	1					1	116	.001450
Carbunculus	2	65	11	67	8						3	722	.003588
Cellulitis	7	311	38	318	30	2				2	4	3,595	.021363
Clavus		38	5	36	1	6						277	.006619
Cutis fissuræ	1	7		8								132	.000656
Dermatitis venenata		66	8	68	5						1	464	.002306
Dysidrosis		1		1								20	.000099
Ecthyma		3		3								10	.000049
Eczema	1	80	25	81	15	2					8	1,169	.007557
Erythema		23	2	24	1							117	.000581
Favus		4		4								12	.000059
Furunculus	8	372	35	404	10						1	2,198	.010924
Herpes simplex	2	9		11								38	.000188
Herpes zoster	2	28	2	32								183	.000909
Impetigo contagiosa		15		14							1	117	.000581
Lichen		2		2								41	.000203
Lupus	1	2	4	3	4							330	.001639
Miliaria papulosa		4	3	4	3							19	.000094
Onychia		5		4							1	65	.000323
Paronychia	1	60		61								378	.001878
Pediculosis		31	3	32	2							75	.000372
Pemphigus	1	8		9								41	.000203
Pernio		2		2								10	.000049
Pityriasis		6	1	6	1							47	.000233
Prurigo		2	2	2	1						1	97	.000482
Pruritus		1		1								1	.000004
Psoriasis		5	1	5	1							110	.000546

18. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for Insane.					
CLASS X—Continued.													
Diseases of the skin and connective tissue—Con.													
Scabies	10	324	185	331	175	1					12	4,451	0.022995
Sclerodermia		1		1								1	.000004
Trichophytosis	4	102	9	106	8						1	867	.004308
Ulcus	12	114	51	133	32	1	2				9	3,263	.017091
Unguis involutus	6	136	16	142	12	1			1		2	1,377	.007717
Urticara		39	3	38	3	1						211	.001922
Verruca		13	1	11	3							98	.000487
Other diseases of this class	1	10	4	11	4							159	.000790
CLASS XI:													
Venereal diseases—													
Adenitis inguinalis	47	796	280	882	187	8			1		45	20,306	.107912
Arthritis gonorrhoica	29	213	160	170	125	63			2		42	11,101	.110233
Chancroid	25	1,573	157	1,660	68	3			3		21	9,539	.050029
Epididymitis	15	481	137	534	76	1			1		21	7,924	.040251
Fistula urinalis		4	5	5	3						1	232	.001153
Gonorrhea	43	5,861	652	6,173	276	33			3		71	28,801	.171982
Ophthalmia gonorrhoica	4	78	26	80	24	3					1	1,087	.008024
Orchitis	23	471	146	537	86	4			1		12	8,109	.048797
Prostatitis	1	12	3	12	3	1						247	.002101
Syphilis consecutiva	94	1,312	856	1,450	547	163	2		1	5	94	45,783	.374125
Syphilis primitiva	10	164	45	171	38	8			1		6	3,914	.022074
Urethræ strictura	1	47	28	51	21				1		3	1,205	.005988
Verruca acuminata	3	41	13	43	10	1					3	562	.003667
Other diseases of this class	3	11	13	22	2	2					1	636	.004908
CLASS XII:													
Diseases of the genito-urinary apparatus (non-venereal)—													
Balanitis	2	21	1	24								261	.001297
Calculus		1		1								7	.000034
Cystitis	8	69	13	62	19	5			1		3	1,418	.011417
Diuresis		3		3								18	.000089
Enuresis	3	37	25	26	17	21					1	862	.022638
Glandulæ prostatæ hypertrophia		2		2								73	.000362
Hæmaturia		8	3	6	3					1	1	238	.002056
Hydrocele	5	37	23	40	17	6					2	1,520	.012798
Nephritis acuta	5	38	24	31	23	2				4	7	1,542	.012907
Nephritis chronica	4	48	28	28	24	11	1			11	5	1,788	.028114
Nephrolithiasis	1	14	7	15	3	1	1				2	364	.002683
Nephroptosis		1	1	1	1							1	.000004
Paraphimosis	1	29	4	29	4						1	327	.002122
Perinephritis		2		2								61	.000303
Phimosis	12	281	55	295	49						4	2,660	.013219
Pyelitis		8	6	9	3					1	1	323	.002479
Urethritis simplex		3	1	3	1							23	.000114
Urinæ incontinentia		5	6	5	4	2						208	.002781
Urinæ suppressio		3		1		1				1		12	.001807
Urinæ retentio		9	1	9	1							96	.000477
Varicocele	15	252	192	246	177	19			1		16	7,403	.053398
Other diseases of this class	3	32	8	29	10	3					1	1,006	.006521
CLASS XIII:													
Cysts and new growths—													
Adenoma	1	4	1	3	1	2						81	.002150
Angioma		1		1								1	.000004
Carcinoma		8	6	3	9					2		224	.002861
Chondroma		1		1								1	.000004
Cystis		31	7	31	7							419	.002062
Epithelioma		6	3	5	4							152	.000755
Fibroma		9	5	8	6							164	.000815
Lipoma		14	3	10	5	1					1	162	.001689
Osteoma		6	6	7	4	1						170	.001718
Sarcoma	1	3	2	1	2					2	1	429	.003880
Other diseases of this class		5	2	5	2							73	.000362

18. *Detailed statement, 1909*—Continued.

FORCE AFLOAT, YARDS, STATIONS, MARINE BARRACKS, HOSPITALS, ETC.—Cont'd.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.	Damage in terms of percentage of sick.
					To hospital.	From service.	On leave.	To Hospital for Insane.					
CLASS XIV:													
Injuries—													
Abrasio	1	90	4	94	1							465	0.002311
Ambustio ex calore	12	294	24	290	19	2				4	6	3,282	.021569
Ambustio ex electricitate		6	1	6	1							38	.000188
Ambustio ex frigore		1		1								1	.000004
Ambustio ex venenis		10	3	8	3						2	151	.000749
Asphyxia		15		9						6		97	.005726
Asphyxia ex submersione	1	53	1	4	1					49		74	.043198
Cartilaginis intra-articularis dislocatio		8	5	8	4	1						219	.001962
Concussio	1	57	7	57	6	1				1		402	.003745
Contusio	16	727	51	746	34	6					14	5,019	.030143
Deformitas	11	169	95	110	63	95					7	4,077	.103292
Dislocatio	7	95	39	109	22	4	1			1	4	2,400	.016296
Fractura	47	507	159	465	151	24	3		4	13	58	18,020	.121897
Fulminis ictus		2	1	2	1							23	.000114
Hernia	27	346	318	295	278	63	10		2		43	12,045	.119398
Ictus electricus		1		1								2	.000009
Membri clades		14	6	9	5	3					3	622	.005713
Musculi ruptio		5	2	5	1	1						112	.001429
Visceris ruptio	1	5	4	5	4					1		407	.002896
Solis ictus		9		9								25	.000124
Stremma	20	936	79	961	52	4			1		17	7,440	.040472
Virium defectio		5	1	2		4						183	.004405
Vulnus contusum	3	209	14	208	15						3	1,848	.009184
Vulnus incisum	8	242	14	246	12	1				3	2	1,990	.013286
Vulnus infectum		249	26	247	18						10	2,047	.010173
Vulnus laceratum	20	662	43	658	36	2				1	28	8,428	.044509
Vulnus punctum	3	91	14	96	7	2					3	844	.005942
Vulnus sclopeticum	2	48	18	31	17	2	1			15	2	1,373	.021681
Other diseases of this class		24	7	22	5	3					1	339	.004306
CLASS XV:													
Extraneous bodies—													
Corpus extraneum	1	33	3	33	4							171	.000849
CLASS XVI:													
Poisons:													
Alcoholismus	1	350	94	352	78	5				9	1	1,786	.021117
Venenum irritans		25	1	22	1					3		101	.003128
Venenum neuroticum	4	44	12	36	10	9		1	1	2	1	515	[a] .012047
Vulnus venenatum	8	45	9	55	6					1		860	.005148
Other diseases of this class		8	9	9	4	3					1	194	.003586
CLASS XVII:													
Feigned diseases—													
Appendicitis		1		1								6	.000029
Arthritis gonorrhoica			3	3								37	.000183
Astigmatismus			2	2								15	.000074
Cephalalgia			1	1								11	.000054
Contusio			1	1								30	.000049
Dementia		1		1								1	.000004
Diarrhea		1		1								2	.000009
Melancholia		1		1								3	.000014
Myalgia acuta			1	1								11	.000054
Myopia		1		1								1	.000004
Otitis media			1	1								32	.000159
Total	1,210	38,735	10,986	39,067	8,601	1,576	90	83	49	[b]244	1,221	529,886	

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[a] Invaliding to "Hospital for Insane" has damage value equivalent to invaliding from service.

[b] Forty-two additional deaths occurred for which statistical reports were not received or incorporated in this table. (See tables Nos. 15, 16, and 19.)

19. *Table to show distribution of disease among occupational groups of the person*

Classes.	All officers (Navy and Marine).	Undergraduate midshipmen.	Engine-room force.	Fire-room force.	Seaman branch.			Commissary and messman branches.
					Gunner's mates and turret captains.	Apprentice seamen.	Others in deck force.	
Number in service June 30, 1909	3,280	807	2,759	10,180	1,401	2,050	18,552	3,342
Admissions for all causes	1,144	1,444	1,369	7,311	1,170	2,614	11,824	1,563
General admission rate per 1,000	348.78	1,789.34	496.30	718.17	835.12	1,275.12	637.29	467.96
Invalided from service	31	14	39	273	4	317	306	98
Invaliding rate per 1,000	9.45	17.35	14.14	26.82	2.86	154.63	16.49	29.41
Deaths	22	2	13	50	10	14	79	18
Death rate per 1,000	6.71	2.48	4.71	4.91	7.14	6.83	4.26	5.39
ADMISSIONS.								
Venereal diseases	64	17	362	2,565	121	356	4,143	709
Rate	19.51	21.07	131.21	251.96	86.37	173.66	223.32	212.15
Contagious diseases	255	278	203	1,179	88	986	2,361	208
Rate	77.74	344.49	73.58	115.82	62.81	480.98	127.26	62.24
Injuries	208	172	209	997	131	208	1,670	172
Rate	63.41	213.14	75.75	97.94	93.50	101.46	90.02	51.50
Skin diseases	89	126	96	571	41	126	919	63
Rate	27.13	156.13	34.79	56.09	29.26	61.46	49.54	18.85
General diseases of digestive organs	203	203	82	302	40	65	438	79
Rate	61.89	251.55	29.72	29.67	28.55	31.71	23.61	23.93
Respiratory diseases (except pneumonia and tuberculosis)	113	60	47	282	23	210	339	41
Rate	34.45	74.35	17.04	27.70	16.42	102.44	18.27	12.27
Malaria	36	8	27	78	17	26	148	13
Rate	10.98	9.91	9.79	7.66	12.13	12.68	7.98	3.89
Rheumatic affections	53	19	52	214	18	59	280	49
Rate	16.16	23.54	18.85	21.02	12.85	28.78	15.09	14.67
Genito-urinary diseases (non-venereal)	31	31	33	130	10	109	276	30
Rate	9.45	38.41	11.96	12.77	7.14	53.17	14.88	8.98
Eye affections	36	256	28	87	7	55	142	23
Rate	10.98	317.22	10.16	8.55	4.99	26.83	7.65	6.91
Ear affections	24	15	11	110	8	51	119	10
Rate	7.62	18.59	3.99	10.81	5.71	24.88	6.41	2.99
Appendicitis and peritonitis	27	14	21	51	5	33	102	22
Rate	8.23	17.35	7.61	5.01	3.57	16.10	5.50	6.62
Alcoholism	14	1	37	97	5	1	45	3
Rate	4.27	1.24	13.41	9.53	3.57	.49	2.43	.90
Heart affections	12	14	10	65	3	62	50	10
Rate	3.66	17.35	3.62	6.39	2.14	30.24	2.70	2.99
Tuberculosis	7	5	17	41	5	23	91	18
Rate	2.13	6.20	6.16	4.03	3.57	11.22	4.91	5.39
Typhoid fever	14	2	5	39	2	7	74	5
Rate	4.27	2.48	1.81	3.83	1.43	3.41	3.99	1.50
Heat affections	6	2	9	86	2	6	24	3
Rate	1.83	2.48	3.26	8.45	1.43	2.93	1.29	.90
Mental diseases	8	....	4	42	1	9	20	11
Rate	2.44	....	1.45	4.13	.71	4.39	1.08	3.29
Neurasthenia	23	7	7	21	4	3	22	8
Rate	7.01	8.67	2.54	2.06	2.86	1.46	1.19	2.39
Dysenteric affections	8	1	5	13	1	....	22	1
Rate	2.44	1.24	1.81	1.28	.71	....	1.19	.30
Suicide	....	....	....	2	2	....	5	1
Rate	....	....	....	.19	1.43	....	.27	.30
SICK DAYS.								
From above admissions	18,535	8,845	21,080	98,295	8,018	37,776	114,344	24,776
From other affections	2,183	727	2,184	7,269	739	1,453	13,186	2,098
Of active force not accounted for by regular medical returns, in other than naval hospitals	344	77	160	329	82	....	1,284	118
Sick leave of officers from practically inactive force	2,993	592	....	....	....	....	....	....
Hospitals for insane	1,095	....	1,623	11,370	372	2,907	3,099	2,326
Naval sanatorium for tuberculosis	2,961	2,162	3,137	5,172	578	4,298	11,587	4,155
Total	28,111	12,403	28,184	122,435	9,789	46,434	143,500	33,473
Av. sick days for each individual	8.57	15.37	10.22	12.03	6.99	22.65	7.73	10.02
* Total damage in terms of individuals whose loss of service by sickness, discharge, or death would be represented as continuous throughout the year	103.52	41.98	103.22	496.94	33.82	289.98	585.65	150.21

by admissions, admission rates, sick days, and computed damage.

Hospital Corps.	Clerical force.	Musicians.	Marines (enlisted.)	Prisoners (in prison).	Total.	Sick days.	Invalided from service.	Deaths.	Total damage.*
1,044	1,080	812	9,200	1,038	a58,454	....	....	....	....
533	439	350	7,467	134	38,735	....	....	....	....
510.54	406.48	431.03	811.63	129.09	b697.30	....	....	....	....
42	7	14	429	3	1,621	....	....	....	....
40.23	6.48	17.24	46.63	2.89	c28.35	....	....	....	....
4	4	4	48	3	286	....	....	....	....
3.83	3.70	4.93	5.22	2.89	c5.002	....	....	....	....
90	141	83	1,986	26	11,064	139,396	285	5	526.91
86.21	130.56	102.23	215.87	25.05	b199.17				
107	62	63	978	17	7,031	68,862	8	27	206.16
102.49	57.41	77.59	106.30	16.38	b126.57				
47	42	39	818	17	4,915	73,700	221	100	362.42
45.02	38.89	48.03	88.91	16.38	b88.48				
17	23	19	407	8	2,584	29,426	19	3	91.62
16.28	21.30	23.40	44.24	7.71	b46.52				
33	29	24	381	12	1,956	18,585	22	7	65.42
31.61	27.77	29.56	41.41	11.56	b35.21				
20	17	25	180	2	1,409	19,118	42	5	75.88
19.16	15.74	30.79	19.57	1.93	b25.36				
14	9	8	640	1	1,046	12,926	3	....	36.91
13.41	8.33	9.85	69.57	.96	b18.85				
15	9	15	207	14	1,032	23,792	52	....	91.18
14.37	8.33	18.47	22.50	13.77	b18.58				
17	16	8	166	2	903	20,211	71	18	99.87
16.28	14.81	9.85	18.04	1.93	b16.26				
13	8	9	128	4	831	13,137	100	....	85.99
12.45	7.41	11.08	13.91	3.85	b14.78				
13	5	5	116	1	503	8,812	113	....	80.64
12.45	4.63	6.16	12.61	.96	b9.05				
28	6	5	48	4	381	13,291	11	8	45.91
26.82	5.56	61.6	5.22	3.85	b6.86				
2	13	3	106	....	350	1,786	5	9	11.89
1.91	12.04	3.69	11.52	....	b6.30				
7	7	1	95	....	345	7,394	3	12	27.76
6.70	6.48	1.22	10.33	....	b6.21				
18	1	5	58	7	311	10,568 d48,416	27 128	40	239.10
17.24	.93	6.16	6.30	6.74	b5.60				
7	4	4	19	....	189	10,378	....	17	36.93
6.70	3.70	4.93	2.07	....	b3.40				
....	3	....	14	....	155	703	3	....	3.42
....	2.78	....	1.53	....	b2.79				
1	1	4	29	7	145	3,602 e31,482	31	1	112.40
.96	.93	4.93	3.15	6.74	b2.61				
5	2	4	30	1	144	4,679	36	....	30.82
4.79	1.85	4.93	3.26	.96	b2.59				
3	1	....	70	....	127	4,052	5	1	14.10
2.87	.93	....	7.61	....	b2.29				
....	2	....	5	....	17	(f)	....	(f)	....
....	1.85	....	.53	....	c.297				
9,966	5,543	5,340	114,273	1,942	488,440				
481	739	757	7,121	420	41,446				
22	42	....	192	....	2,694				
....	....	....	....	....	3,585				
1,176	470	644	4,751	86	31,482				
4,652	829	116	5,712	211	48,416				
16,297	7,623	6,857	132,049	2,659	616.063				
15.61	7.06	8.44	14.35	2.56	10.54				
67.65	26.38	27.79	600.28	10.29	2,641.34				

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[a] This total is 1,282 in excess of average strength as furnished by the department by reason of 1,038 "prisoners" already included under other classes and by reason of the number in service June 30, 1909, being 244 in excess of the actual average strength.

[b] Computed upon average strength shown by returns of medical officers.

[c] Computed upon average strength given by department.

[d] Figures furnished by reports from Las Animas, Colo.

[e] Figures furnished by reports from hospitals for insane.

[f] Figures included under "Injuries."

20. *Table showing ships which had infectious and contagious disease on board during 1909 and the character and number of such.*

Ship.	Scabies.	Catarrhus epidemicus.	Diphtheria.	Febris cerebro-spinalis.	Febris typhoides.	Febris pneumonica.	Morbilli and Rubella.	Parotiditis epidemica.	Scarlatina.	Tonsillitis
Alabama		1								
Albany	4	23			1	1	1	10		25
Albatross						1				2
Alliance										9
Arayat								3	1	
Arethusa								2		3
Birmingham	5									12
Buffalo	1	4				1	37	8		34
California	8		1		1	7	3	5		26
Castine		10			4		1			11
Celtic	3									17
Charleston	3	16				3		2	2	50
Chattanooga		1								13
Chester	1	10			1	2	2	1		50
Cheyenne							3			2
Chicago		1								5
Cleveland	1	12						1		7
Colorado	1	2				1		5		66
Concord		4								7
Connecticut	4	30			8	2	1	2		114
Culgoa		2			1					14
Denver	1	8								3
Des Moines	12	28	1		1			1		42
Dixie	3	9			4	2	2	3		14
Dolphin		4			1	1				11
Dubuque										16
Eagle	1	1								2
Fish Hawk					1					3
Galveston		31								14
Georgia		7			8	2	2			29
Glacier	2									5
Hartford						1				8
Helena	1					2				4
Hist										8
Idaho	3				3		1			44
Illinois						2		2		4
Indiana						2				24
Iris						1				1
Kansas		21				7	1	4		125
Kearsarge					3					6
Kentucky		2			2			1		5
Louisiana		1			9			2	1	51
Maine	4				3		1	8		51
Marietta	1							1		11
Maryland		18				4		1		35
Mayflower	2	5					4			7
Milwaukee										4
Mindoro								1		
Minnesota		10			5	2	5	28		25
Mississippi					5	9				68
Missouri		1			3	1	16	8	10	41
Monadnock										1
Montana	4	29		1	1	2	2	17		33
Monterey										14
Montgomery		1			1			1		9
Nebraska	2	45				2	3	5		149
New Hampshire	1	6			2	2		3		49
New Jersey	5	43			4		14	21		124
New Orleans										1
New York	1	13			2	2	11			26
North Carolina					4	1				70
Ohio	15	4				2	9	9		62
Olympia		3						1		5
Paducah	1					1				19
Panther	1	9			4	1	1	3		41
Pennsylvania	1	9			3	4	18			26
Prairie	1						10	1	1	11
Puritan		1								
Rainbow		1				1		4		13
Rhode Island	7	25			1	11	10	1		150
Salem	8	1				1	13			31
Scorpion		2								2
South Dakota	2				1	4				48
St. Louis	13					2				23
Supply	3	15			1					7

20. *Table showing ships which had infectious and contagious disease on board during 1909 and the character and number of such*—Continued.

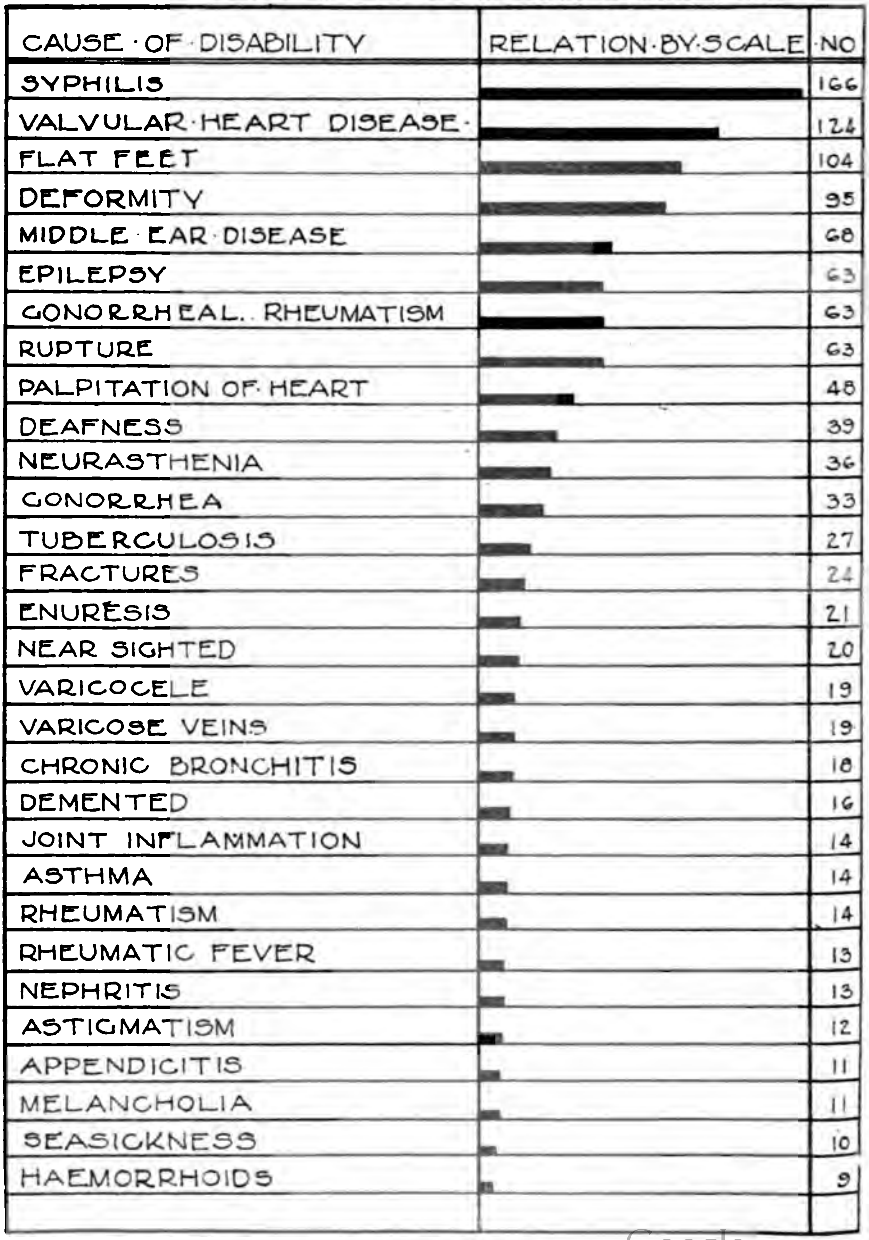
Ship.	Scabies.	Catarrhus epidemicus.	Diphtheria.	Febris cerebro-spinalis.	Febris typhoides.	Febris pneumonica.	Morbilli and Rubella.	Parotiditis epidemica.	Scarlatina.	Tonsillitis.
Solace	......	......	......	......	......	......	......	......	......	2
Tacoma	1	3	1	......	......	......	6	1	......	32
Tennessee	5	85	1	......	......	5	11	3	......	83
Tonopah	......	3	......	......	......	......	1	1	......	5
Torpedo flotilla (Atlantic)	3	1	......	......	......	......	1	......	......	3
Torpedo flotilla (Asiatic)	1	......	......	......	1	......	......	......	......	4
Torpedo flotilla (Pacific)	6	......	......	......	......	......	4	16	......	14
Torpedo flotilla (Reserve)	1	......	......	......	......	......	......	......	......	......
Vermont	......	17	......	......	1	......	10	7	......	172
Vicksburg	......	3	......	......	......	......	......	......	......	2
Villalobos	......	......	......	......	......	......	......	......	......	1
Virginia	......	26	......	......	7	5	6	34	......	58
Washington	1	1	......	......	3	2	1	......	......	27
West Virginia	3	15	......	......	1	5	......	3	......	101
Wilmington	......	......	......	......	1	1	......	......	......	12
Wisconsin	1	19	......	......	7	......	......	8	......	156
Wolverine	......	6	......	......	6	1	......	......	1	11
Yankee	......	......	......	......	......	1	......	......	......	1
Yankton	6	4	......	......	......	......	......	......	......	20
Yorktown	......	......	......	......	......	......	......	......	......	1

XXI

DISCHARGES FROM THE NAVY AND MARINE CORPS FOR PHYSICAL DISABILITY DURING 1909

AVERAGE STRENGTH 57172

RATIO PER 1000 OF STRENGTH 27.56



CAUSE OF DISABILITY	RELATION BY SCALE	NO
SYPHILIS		166
VALVULAR HEART DISEASE		124
FLAT FEET		104
DEFORMITY		95
MIDDLE EAR DISEASE		68
EPILEPSY		63
GONORRHEAL RHEUMATISM		63
RUPTURE		63
PALPITATION OF HEART		48
DEAFNESS		39
NEURASTHENIA		36
GONORRHEA		33
TUBERCULOSIS		27
FRACTURES		24
ENURESIS		21
NEAR SIGHTED		20
VARICOCELE		19
VARICOSE VEINS		19
CHRONIC BRONCHITIS		18
DEMENTED		16
JOINT INFLAMMATION		14
ASTHMA		14
RHEUMATISM		14
RHEUMATIC FEVER		13
NEPHRITIS		13
ASTIGMATISM		12
APPENDICITIS		11
MELANCHOLIA		11
SEASICKNESS		10
HAEMORRHOIDS		9

22. *Surgical operations for the year ending December 31, 1909.*

	Cases.	Cured.	Improved.	Unimproved.	Died.
HEAD.					
ny—					
essed fragments elevated	2		2		
hining for fracture	2				2
emorrhage	1				1
bone removed	3	1	2		
xenteration	8	7	1		
ion	1				
operation for	2		2		
m, operation for	25	25			
a, excision	2	1		1	
septum—					
e's operation	3	3			
nucous resection	10	9	1		
a of lip, excised	1	1			
plastic operation for	1	1			
esis of tympanum	1	1			
tomy	84	84			
tomy	8	8			
, incision	1				[a] 1
adenectomy	18	15	2	1	
cess, opened and drained	4	3	1		
ctomy	2	2			
l larynx, extensive wound sutured	1				1
TRUNK.					
broma, excision	1	1			
a, Estlander's operation for	8	5		1	2
, breast, excision	1	1			
scess of, incision and drainage	1	1			
y gland, removed	4	4			
tesis	19	19			
omy	4	1	1	1	1
—					
minal, opened and drained	4	3			1
hrenic, opened and drained	1	1			
ectomy	225	219			[b] 6
costomy	3	3			
pancreas	1			1	
tostomy	7	3	3		[c] 1
y	1				1
phy	1	1			
y, suprapubic	5	4			1
terostomy	3	3			
my—					
inal	240	239		1	
ral	9	8		1	
l fistula closed	1	1			
decortication of	2	1	1		
my—					
nococcus cyst	1				1
oratory	9	3		4	2
ntestinal obstruction	3	1			2
yphoid perforation	2				2
ess of	6	3	2		1
ison's operation for cirrhosis of	1				1
ma, operation for	1				1
omy	3	3			
my	3		2	1	
is, deep drainage	3	2			1
lumbar, opened and drained	1		1		
ory incision for hæmaturia	1			1	
, lumbar, incision and curettage	1	1			
tomy	4		3		1
ar abscess over scapula, opened and drained	1		1		
—					
o-rectal, opened and drained	11	11			
nal, opened and drained	1	1			
nata, anal, excision	3	3			

t failure following ether anæsthesia.
ase complicated with subphrenic abscess, 3 general peritonitis, 1 tubercular nephritis.
nsive hepatic suppuration.

22. *Surgical operations for the year ending December 31, 1909*—Continued.

	Cases.	Cured.	Improved.	Unimproved.	Died.
TRUNK—continued.					
Rectum—Continued.					
Fissure, anal	3	3			
Fistula, anal, operation for	36	35		1	
Hemorrhoids, operation for	182	182			
Prolapsed anus, operation for	1	1			
Rectal ulcer, cauterization	1		1		
Genitals:					
Circumcision	394	394			
Cyst of cord removed	1	1			
Epididymectomy	1	1			
Epididymitis, incision for and drainage	7	7			
Hydrocele, operation for	39	39			
Hypospadias, operation for	2	2			
Orchidectomy	7				
Ruptured urethra sutured	1	1			
Scrotum, ablation of	1				
Urethral fistula, excision and closure	3	1	1	1	
Urethrotomy—					
External	7	7			
Internal	6	5			[a]1
Varicocele, operation for	225	225			
Vasectomy	1				
EXTREMITIES.					
Amputations:					
Arm	2				
Forearm	1				
Foot	1				
Fingers	32				
Leg	4				1
Thigh	1				
Toe	11				
Fractures:					
Femur, refractured and reset	1	1			
Humerus, ununited fragments united	2			2	
Metacarpal, refractured and wired	1	1			
Metacarpal, fragments approximated	1	1			
Patella sutured	3	3			
Radius, fracture wired	1	1			
Tibia and fibula, ununited fragments wired	3	2		1	
Ulna and radius, compound, approximation	1		1		
Joints:					
Arthrotomy—					
Elbow	1	1			
Knee	2	2			
Clavicle, dislocation, wired	1	1			
Elbow—					
Ankylosis, adhesions broken	2		1	1	
Resection of head of radius for ankylosis	1		1		
Knee—					
Abscess of, incision and drainage	1		1		
Ankylosis, adhesions broken	1	1			
Aspiration	2	2			
Cyst removed	1	1			
Detached ligament sutured	1	1			
Excision of cartilage	1		1		
Exploratory	1	1			
Fibroma excised	1	1			
Foreign body removed	1	1			
Gunshot wound of, cleaned and drained	1	1			
Bones:					
Fibula, head of, excised	1	1			
Hallux valgus, operation for	8	8			
Necrotic bone, excision	3	3			
Necrosis, curettment	4	4			
Osteoma, excision	1	1			
Osteomyelitis, incision and drainage	3	3			
Osteotomy for deformity	1	1			
Periostitis, curettment	17	17			
Sequestrectomy	3	2	1		
Scaphoid, resection of, for deformity	1	1			
MISCELLANEOUS.					
Abscess:					
Foot, incision and drainage	1	1			
Pelvic, incision and drainage	1	1			
Perineal, incision and drainage	1	1			

[a] Death result of sepsis, extensive perineal gangrene existing prior to operation.

22. *Surgical operations for the year ending December 31, 1909*—Continued.

	Cases.	Cured.	Improved.	Unimproved.	Died.
MISCELLANEOUS—continued.					
Abscess—Continued.					
Peri-nephritic, incision and drainage	1	1			
Thigh, incision and drainage	3	3			
Miscellaneous, incision and drainage	1,442	1,442			
Adenectomy:					
Axillary	1	1			
Inguinal	338	337		1	
Carbuncle, extensive, incision and drainage	21	21			
Cellulitis:					
Foot, extensive, incision and drainage	1	1			
Leg, extensive, incision and drainage	1	1			
Unclassified, incision and drainage	59	59			
Wrist, incision and drainage	1	1			
Cyst, removed	29	29			
Foreign body removed	9	9			
Furunculus, incision and drainage	1,710	[a]1,710			
Gunshot wound, hand, plastic	1	1			
Hematoma, leg, removed	2	2			
Hammer toe, operation for	4	4			
Infected foot, opened and drained	1	1			
Ingrowing nail, operation for	64	64			
Ligation:					
Dorsalis pedis artery	1	1			
Left facial and left external carotid for persistent nasal hemorrhage	1	1			
Radial artery for aneurism	1	1			
Right facial artery for persistent nasal hemorrhage	1	1			
For post-operative hemorrhage	1	1			
Lipoma, multiple, excised	2	2			
Neuritis, ulnar nerve, operation for	1	1			
Plastic operation:					
For contracture	1	1			
For crushed heel	1	1			
For ulcer	1	1			
Paronychia, incision and drainage	1	1			
Ruptured muscle sutured	1		1		
Skin grafting	7	7			
Teno-synovitis, incision for	1	1			
Tenorraphy	10	10			
Tumors, unclassified, excised	4	4			
Ulcer, leg, extensive, curettment and excision	1	1			
Varicose veins, legs, ligation and excision	35	35			
ANÆSTHESIA.					
Ether	800				
Ether, rectal	2				
Chloroform	84				
Chloroform and ether	38				
Ethyl chloride general	1				
Gas-ether	98				
Ethyl chloride and ether	22				
Ethyl chloride and chloroform	2				

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[a] Epidemic of 1,638 cases on the Pennsylvania.

A.

Table showing, as nearly as possible, the average strength of the Navy and Marine Corps, including officers and enlisted men, total number of deaths with death rate per thousand for each year from 1850 to 1909 inclusive.

Year.	Average strength.	Deaths.	Death rate per thousand.	Year.	Average strength.	Deaths.	Death rate per thousand.
1850	9,087	129	14.19	1880	10,235	111	10.84
1851	9,063	85	9.37	1881	11,118	97	8.72
1852	9,103	81	8.89	1882	10,631	90	8.46
1853	9,051	84	9.28	1883	9,874	112	11.34
1854	8,975	193	21.50	1884	10,948	110	10.04
1855	8,972	115	12.81	1885	9,191	109	11.85
1856	9,962	119	11.94	1886	9,188	109	11.86
1857	10,163	123	12.10	1887	9,618	99	10.29
1858	11,895	155	13.03	1888	9,955	123	12.35
1859	11,895	115	9.66	1889	11,219	[c] 203	18.09
1860	11,000	121	11.00	1890	11,768	106	9.00
1861	20,000	178	8.90	1891	11,501	91	7.91
1862	25,905	575	22.19	1892	11,196	100	8.93
1863	40,000	1,048	26.20	1893	12,109	89	7.34
1864	43,787	1,373	31.35	1894	12,520	122	9.74
1865	32,641	930	28.49	1895	13,191	90	6.82
1866	17,193	310	18.03	1896	14,196	78	5.49
1867	13,482	360	26.70	1897	15,734	88	5.59
1868	15,492	189	12.19	1898	23,986	173	7.21
1869	13,463	148	10.99	1899	20,819	153	7.35
1870	11,809	235	[a] 19.90	1900	23,756	211	8.88
1871	11,819	135	11.42	1901	26,873	166	6.18
1872	12,705	147	11.57	1902	31,240	211	6.75
1873	14,460	128	8.85	1903	37,248	224	6.01
1874	15,260	160	10.48	1904	40,555	246	6.06
1875	11,675	125	10.70	1905	41,313	268	6.48
1876	12,307	116	9.42	1906	42,529	241	5.66
1877	8,609	[b] 191	22.18	1907	46,336	263	5.67
1878	9,007	106	11.76	1908	52,913	305	5.76
1879	10,388	96	9.24	1909	57,172	286	5.00

[a] Includes 116 deaths from drowning when U. S. S. Oneida was sunk by the P. & O. steamer Bombay in Tokio Bay, January 24, 1870.

[b] Includes 98 deaths from drowning, that occurred on the U. S. S. Huron, when wrecked, November 24, 1877.

[c] Includes 50 deaths from drowning, when the Trenton and Vandalia were wrecked by hurricane at Samoa March 16, 1889.

NOTE.—The above data from 1850 to 1866, inclusive, was taken from "Hygienic and Medical Reports," published by this bureau in 1879.

B.

Table showing total number of officers in the United States Navy and Marine Corps on the active list (including midshipmen), total number of deaths, and death rate annually for thirty-one years, 1879 to 1909, both inclusive.

Year.	Total number of officers on the active list, including midshipmen.	Total number of deaths from all causes—disease, injury, drowning.	Death rate per 1,000 annually.	Year.	Total number of officers on the active list, including midshipmen.	Total number of deaths from all causes—disease, injury, drowning.	Death rate per 1,000 annually.
1879	2,036	18	8.84	1895	1,699	11	6.47
1880	2,078	21	10.10	1896	1,654	14	8.46
1881	2,031	29	14.22	1897	1,751	9	5.13
1882	2,055	20	9.07	1898	2,043	25	[a] 12.23
1883	1,885	25	13.26	1899	1,974	19	9.62
1884	1,847	14	7.57	1900	2,052	17	8.28
1885	1,802	23	12.76	1901	2,162	16	7.86
1886	1,836	26	14.10	1902	2,336	17	7.27
1887	1,753	8	4.56	1903	2,729	16	5.86
1888	1,759	18	10.23	1904	3,017	23	7.62
1889	1,740	25	14.36	1905	3,151	16	5.07
1890	1,735	19	10.95	1906	3,198	22	6.88
1891	1,706	15	8.79	1907	3,366	31	[b] 9.20
1892	1,665	9	5.40	1908	3,483	17	4.80
1893	1,709	12	7.02	1909	4,087	24	5.87
1894	1,712	12	7.02				

[a] Spanish-American war.

[b] Seven midshipmen drowned.

Average death rate for thirty-one years, 8.51.

C.

Deaths in the naval service during the "civil war." [a]

NUMBER AND PER CENT OF KILLED AS A RESULT OF INJURIES RECEIVED IN ACTION.

	Number.	Per cent.
Classified:		
Wounds	1,154	0.977
Drowned	308	.261
Scalds	342	.289
Total	1,804	1.528
Unclassified	373	.316
Total deaths from injuries	2,177	1.844

NUMBER AND PER CENT OF DEATHS FROM OTHER CAUSES.

	Number.	Per cent.
In prison	95	0.080
Not incident to battle	2,316	1.962
Total deaths from other causes	2,411	2.042
Total deaths from injuries in battle	2,177	1.844
Total deaths from other causes	2,411	2.042
Total deaths from all causes	4,588	3.886

[a] The Report of the Secretary of the Navy for the year 1865, p. 33 shows the total enlistment of seamen from March 4, 1861, to May 1, 1865, to have been 118,044.

CONCLUSION.

In closing this report it has seemed proper to itemize the more important specific recommendations in the order found therein, and in measuring their importance the attention of the department is respectfully invited to the extended arguments to be found in other annual reports of recent years.

It is recommended to:

1. Provide an additional statistical clerk for the bureau.
2. Require ability to swim well a prerequisite for newly appointed officers and men to remain in the Navy and Marine Corps.
3. Ask of Congress the repeal of the provision of act approved March 3, 1909, which diverts certain moneys from the naval hospital fund.
4. Urge the establishment of a naval medical reserve corps.
5. Urge the establishment of grade of chief pharmacist, increase the warrant grade, and provide intermediate ratings for Hospital Corps as provided in bills already approved by the department.
6. Urge the enactment of legislation to provide dentists as commissioned officers of the lower grades in the navy.
7. Assign medical officers of extensive practical experience to duty under the "Aid for inspections," one for hospitals and shore stations, and one for the service afloat.
8. Enforce venereal prophylaxis as practiced in Asiatic and Atlantic Fleets throughout the entire service ashore and afloat.
9. Substitute for the present annual physical test more recreative and continuous athletic exercise, and for the younger personnel adopt the Swedish system of physical training.

10. Develop at repair yards and training stations segregation barracks on unit system to gradually replace receiving ships and to accommodate the crews of vessels undergoing extensive repairs.

11. Provide adequate sanitary facilities for the personnel of ships in dry docks.

12. Substitute a readily washable texture and color for all service uniforms of officers and men.

13. Extend vaccination against typhoid fever to the entire personnel under the age of 50 years.

14. Require statement from recruits as to prior attack of appendicitis and incontinence of urine and as to family history of nervous or mental disease.

15. Transfer the training station at San Francisco to a climate more healthful for recruits south of Point Concepcion.

16. Adopt the bubbling-spring device for drinking fountains throughout the entire service ashore as well as afloat.

17. Provide more suitable air intakes for ventilation for forward compartments of large ships for moderate or rough weather.

18. Assign by regulation definite percentage of stretcher bearers as required for each type of fighting ship.

19. Designate division officers by regulation to give first-aid instruction to the crew; the division officers to be instructed by the medical officers.

20. Seek amendment by Congress of sections 1373 and 1374 for more specific authority and duties of fleet surgeons.

21. Urge upon Congress appropriations for the building of two suitable hospital ships.

C. F. STOKES,
Surgeon-General, U. S. Navy.

The SECRETARY OF THE NAVY.

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NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT
OF THE
Surgeon General, U. S. Navy
CHIEF OF THE BUREAU OF MEDICINE AND SURGERY
TO THE
SECRETARY OF THE NAVY

FOR THE FISCAL YEAR
1911

WASHINGTON
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U. S. Bureau of Medicine and Surgery.

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REPORT

OF THE

SURGEON GENERAL UNITED STATES NAVY.

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., October 1, 1911.

SIR: The health of the Navy during the calendar year 1910 has been good. Neither epidemic disease nor military operations have served to produce an unusual morbidity rate. The year may be regarded as a normal one, considering the mortality and morbidity in the service.

The death rate from disease is slightly higher than last year, but there is a marked reduction in comparison with the "average year." The death rate from injuries shows an increase over last year, and is also in excess of the rate of the "average year." This marked increase in the death rate is due to the large number of drownings.

A reduction in the total damage from disease and injury in the service indicates an improvement in the general health of the entire Navy and Marine Corps. The damage from injuries is slightly increased when compared with last year, but lower than the average year. The marked decrease in the damage done the service by diseases (compared with both last year and the average year) makes the combined damage by injury and disease less than last year, and certainly much less than the average year. This is shown in statistical Table No. 1, on page 42.

ESTIMATES.

In obedience to the direction of the department, no estimate for appropriation by Congress for the construction of new naval hospitals has been submitted. Until other provision is made, all expenses in connection with naval hospitals, for enlargement and necessary repairs, will be provided therefor, of necessity, from the naval hospital fund. No appropriation under the title "Repairs, medicine and surgery," was made for the fiscal years ending June 30, 1911, and June 30, 1912, and no request has been made on Congress for an appropriation under that title for the fiscal year ending June 30, 1913.

It has been recommended that the appropriation "Medical Department" should be increased to $400,000, to provide (*a*) for all medical and surgical supplies, ashore and afloat, for the proper care of the sick and injured of the Navy and Marine Corps, and of civil employees of navy yards to whom first-aid treatment is given; and (*b*) for the pay of all civil employees of the Medical Department at navy yards and naval hospitals. This is the most important of the appropriations made for the support of the Medical Department of the Navy.

Under the appropriation "Contingent, medicine and surgery," an increase of $3,000 is recommended, making the appropriation $82,000. The cost of caring for the dead increases from year to year with the growth of the Navy, and $1,000 of the additional sum is for this purpose. With the growth of dental work on board receiving ships and at stations, performed by members of the Hospital Corps for the enlisted force, the expense of dental material is no longer a negligible quantity, and $2,000 is estimated as the cost for such dental material required for the next year.

Under the appropriation "Bringing home remains of officers, etc., Navy Department," an increase of $2,000 has been recommended in order to restore the appropriation to its original amount. This appropriation was reduced on the recommendation of the Bureau from $15,000 in the fiscal year 1906. The reduced amount has been found insufficient, and its restoration to the original amount is recommended. This appropriation enables the department to bring home the remains of naval dead to bereaved parents and widows too poor themselves to undertake the expense.

The naval hospital fund had its beginning in the act of July 16, 1798, when Congress made provision for the relief of sick and disabled seamen of the Navy and merchant marine. This fund was then known as the marine hospital fund. Its separate existence, however, dates from the act of February 26, 1811. Congress does not contribute for the support of this fund by appropriation as for all other naval purposes. Its sources of revenue are as follows:

(*a*) The hospital tax of 20 cents per month (sec. 4808, Rev. Stat.).
(*b*) Fines imposed (sec. 4809, Rev. Stat.).
(*c*) The value of one ration per day for each person during continuance in hospital (sec. 4812, Rev. Stat.).
(*d*) Pensions of persons entitled thereto during continuance in the hospital (sec. 4813, Rev. Stat.).
(*e*) Forfeitures on account of desertion (act of June 7, 1900).

Under the authority of section 4810 of the Revised Statutes the Secretary of the Navy has, during the past several years, undertaken the building of the three hospitals at Portsmouth, N. H., Chelsea, Mass., and Newport, R. I., at an approximate cost of $900,000; of additional buildings at the naval hospital, Great Lakes, not provided by specific appropriation, at an approximate cost of $145,000; the renovation of the hospital at Philadelphia, and the enlargement and improvement of the power plant, at an approximate cost of $173,000; the extension of the hospital at Washington, and the construction of quarters and additional buildings, at an approximate cost of $275,000; the erection of three officers' quarters, power house, stable and garage, and nurses' quarters at the naval hospital, Annapolis, at an approximate cost of $115,000. In addition to the foregoing mentioned work, the naval hospitals at Canacao, Las Animas, and elsewhere have been developed and enlarged at a cost of about $500,000, making a total for construction purposes and repairs and improvement of over $2,000,000 outlay without expense to the United States. These large expenditures have been made possible only because of the accumulation of money during preceding years when building operations were not undertaken, and when the Bureau received material assistance from Congress through two appropriations aggregating nearly $100,000 annually. Both of the appropriations have been eliminated during the past several years. The Bureau renews the recommendation made in its last annual report for the repeal of the provision made in the naval act for the fiscal year 1910, approved March 3, 1909, diverting from the naval hospital fund money for the transportation to their homes, or places of enlistment, of naval prisoners, and for the purchase of suitable civilian clothing for the same, and that these expenses be made a charge against the United States under the appropriation "Pay, miscellaneous," or "Transportation, Bureau of Navigation."

NAVAL HOSPITAL FUND.

The condition of this fund is as follows, viz:

Balance on hand July 1, 1910	$13,890.76
Transferred to credit since July 1, 1910	1,239,762.68
Total	1,253,653.44
Expended since July 1, 1910	1,253,653.44

The statement of the cost of maintenance of United States naval hospitals for the fiscal year 1911 is shown in the statistical table on page 92.

MEDICAL CORPS.

Twelve medical officers were lost during the year by death, resignation, or retirement, and 16 assistant surgeons were commissioned. There are at present 41 vacancies in the corps.

The greatly increased activity in the service has operated to enlarge the field of usefulness of the medical officer. I have endeavored to widen the scope of their activities by stimulating interest in the purely naval and military duties, and opening up new fields of work along these lines, such as the sustaining of life in disabled submarines, study and prevention of the harmful effects of the periscope; turret conditions, including personnel and material; the prevention of the effect of big-gun blasts on ears; smoke and powder gas problems; fireroom problems; actual conditions of battle, and first-aid and other drills, in order to keep as many men at their stations as possible during action. The purpose of the Medical Department in battle is to devote its energies toward winning the fight—its duties are primarily naval and military, and, secondarily, humanitarian.

The examination of officers for the physical exercise, professional attention to workmen at navy yards, as required by the liability act of May 30, 1908, the increased size and service of naval hospitals, and work incident to the preparation of necessary returns greatly increase the work of medical officers. The maintenance of the health of the personnel, the study of so-called occupational diseases of the Navy, preventive medicine, hygienic needs of the personnel afloat and ashore, the study of disease, the treatment of sick, battle drills, recruiting, acquisition of a working knowledge of the specialties, etc., are enough to engage their constant attention, and they are more actively employed than heretofore.

HOSPITAL CORPS.

Pharmacists: The number of pharmacists allowed by existing law namely, 25, is entirely insufficient for present needs. The commissary departments at the larger hospitals are presided over by pharmacists, with marked improvement as regards economy and service, and the Bureau is particularly anxious that this plan be followe uniformly.

Enlisted men: The total number of enlisted men in the Hospita Corps on July 1 was 1,138, classified as follows: Hospital stewards 288; hospital apprentices, first class, 513; hospital apprentices, 337 This number has been inadequate, despite the efforts to stimulat enlistments in this branch of the service.

THE NURSE CORPS.

The efficiency of the female Nurse Corps has been fully demonstrated by the results attained in the hospitals where they have bee stationed. The difficulties of proper ward management and genera hospital administration have been materially lessened by this capabl body of women. Their activities in the field of instruction of th Hospital Corps have been of material benefit.

DENTISTS.

The imperative necessity for the establishment of a corps of properl qualified dentists in the Navy has been dwelt upon in previous reports and experience emphasizes and confirms what has previously bee written.

THE BUREAU.

The distribution of the Bureau's work into several divisions i resulting in a coordination and systematization of the constantl increasing volume of work and an increase in economy and efficiency

During the year the Surgeon General personally made inspection of most of the naval hospitals within the continental limits of th United States; also made an inspection of the facilities afforded b the ships of the Atlantic Fleet for the care, treatment, and transportation of the sick and wounded. The establishment of a nava medical reserve corps is again recommended.

An effort is being made to render uniform, so far as the types of th vessels will permit, the system of treatment and care of wounded i action. For humanitarian, as well as military reasons, it is highl desirable to evacuate the killed and wounded so soon as possible an to transfer them to medical transports where the wounded may b treated without hampering the fighting efficiency of ships whic might be immediately needed for further service.

For the rapid evacuation of the wounded, a plan has been develope by which it is estimated that the wounded from each ship of the flee may be transferred and new sanitary units of personnel and materia may be supplied to each vessel if necessary within four or five hours

This plan contemplates one medical transport to care for the kille and wounded of the ships of each division of the fleet, assuming tha each division will consist of five fighting ships.

The administrative organization of this transport will consist of one naval medical officer in command, having a pharmacist as assistant, with three hospital stewards and six hospital apprentices, first class. Preservation of neutrality requires that these transports be under the Red Cross.

This administrative section is to have charge of the records received from the five medical divisions, all official correspondence, and the commissary department.

The medical and surgical work will be done by the medical division, which will comprise 5 distinct units, each to consist of 1 medical officer of the regular service in charge, 10 medical officers of the medical reserve corps (if such be established by Congress), or volunteer medical officers, 1 hospital steward, and 50 hospital apprentices.

Five units of the above organization will be under the administrative medical officer, and will be designated "A," "B," "C," "D," and "E." The space on the transports will be so apportioned that the wounded from individual ships will be kept together while on board. To each division will be assigned an equal number of the transport's lifeboats, in which to convey the killed and wounded from the fighting ships to which the division has been assigned.

Each division will have its dressings (marked "A," "B," "C," "D," "E"), and when the wounded are brought on board the transport they will be assigned to the berthing spaces previously designated for each division.

As each of the five units from each transport will have its own distinct organization, dressings, etc., each will be capable of independent action, and should need arise the entire medical department of each ship could be immediately replaced by a fresh medical unit not fatigued by the stress of recent conflict.

Two sanitary bases, one on the Atlantic coast and one on the Pacific coast, have been selected, organized, and plans have been worked out in minute detail as to methods of operation, in case of national need. The United States Public Health and Marine-Hospital Service, with its corps of trained sanitarians, stands ready to cooperate with, and under direction of, the Medical Department of the Navy in caring for the sanitation of these bases, thereby leaving the Medical Department of the Navy to care for the large number of men who would probably be wounded in a modern naval engagement.

It is planned that the medical transports shall bring the wounded to these sanitary bases. When the sick and wounded have convalesced sufficiently, they will be transferred to the various naval hospitals as necessity may demand.

The recently instituted practice of having first-aid instruction given at least twice weekly by line officers who have been thoroughly instructed by the medical officers will undoubtedly lead to increased efficiency, imparting to the enlisted personnel knowledge which, if promptly applied in time of need, will not only save life, but keep many men at their stations during battle. This continuous instruction insures that all will be thoroughly grounded in principles of first aid—a desideratum unattainable by the methods of first-aid instruction formerly employed.

The Surgeon General's article on naval surgery, which is sent out with the confidential instructions promulgated by the director of gunnery, will be read by the officers and will lead to a better understanding of our mutual relations and responsibilities.

A self-indexing document filing system for health records and returns has been inaugurated in the Bureau. This system, as well as the new health records, clinical cards, and blank forms, is working satisfactorily. The statement of the work done by the Record and Pension Division of the Bureau during the year is shown in the statistical table on page 95.

The sanitary inspection of offices of the Navy Department is done by the medical officers of this bureau. Overcrowded offices have been remedied somewhat, but there is still some evidence of overcrowding and insufficient ventilation.

The detail of a properly qualified medical officer as inspector general of the Medical Department of the Navy, to serve under the aid for inspections, is recommended.

The Naval Medical Bulletin continues to be of great value to the service. It is useful, in that it contains much of professional value to the Medical Corps, enabling them to keep informed of the latest advances in medicine and surgery, and economical, in that it saves the expense of subscription to many medical journals, as reviews of all important articles in current literature are placed in the hands of naval medical officers by means of the Bulletin.

NAVAL MEDICAL SCHOOL.

The Naval Medical School continues to prove an important factor in the maintenance of the efficiency of the Medical Corps. The benefits accruing to the service through the medical officers who are sent out from the school can scarcely be overestimated.

The inability to give the usual spring course to surgeons and passed assistant surgeons, because their services could not be spared, is a source of regret to the Bureau. This spring course is of much value to those officers who are able to attend and thus come in practical contact with the latest advances in medicine and surgery.

INTERNATIONAL RELIEF WORK.

The necessity for international relief work by the Medical and Hospital Corps of the Navy has been small. Worthy of mention was the excellent work done by medical officers of the United States Navy at Bluefields, Nicaragua, subsequent to the Battle of Recreo.

Following the engagement at La Ceiba, Honduras, officers of the Medical Corps and ambulance parties established a temporary hospital on shore and performed a work of humanity worthy of note and of the best traditions of the service.

RECRUITING.

This is one of the most important duties to which a naval medical officer may be assigned. It requires experience, nice discrimination, and keen judgment in its performance. Officers who have had the experience of at least one cruise to teach them practically the type of men likely to maintain physical efficiency have been, so far as possible, assigned to this duty.

The scarcity of medical officers has rendered it impossible to detail a naval medical officer to all of the recruiting stations of the Navy and Marine Corps, and the Bureau has made special efforts to obtain the services of experienced and qualified practitioners of good standing, who will act as medical examiners where it is impossible to detail a naval medical officer.

At some of the principal stations civilian examiners have been appointed as acting assistant surgeons after examination and special instruction, and it is believed that the assurance of certain compensation will attract a better class of examiners than could possibly be engaged under the system of paying a small fee for each candidate examined.

It is hoped that the large number of surveys for disability which existed under the old system will be materially reduced.

Strict adherence to the standard table of height and weight should be observed, for experience repeatedly shows that recruits under weight for height are frequently potentially tuberculous.

The enlistment of drug habitués and mental defectives is to be especially guarded against, and a declaration as to the presence or absence of fits, enuresis, drug habit, and insanity should be required of each applicant. This will tend to eliminate the insane recruits and reduce the number of cases of malingering among malcontents.

Based upon reports of medical officers afloat, this bureau believes no transfer of rating from seaman branch to the rating of coal passer should be made unless recommended by a medical officer after physical examination of the applicant for transfer. The laborious duties of a coal passer require a more powerful physique than might be present in a member of the deck force. Recruiting statistics are shown in the table on page 95.

HYGIENIC PROBLEMS.

Venereal diseases continue to be the most potent factor of damage to the naval service. During the past year 138,083 sick days were caused by venereal disease alone.

During the past year a system of prophylaxis against venereal disease has been carried out. The Bureau is of opinion that prophylaxis against venereal disease is of value. The decrease in the number of cases of syphilis is striking. It is believed that some form of prophylactic packet, which can be taken by the men and used immediately after exposure, will prove more effective.

That there is not a more marked decrease is due to the more rigorous search for concealed cases; also a more widespread knowledge of the dangers of venereal infections has brought to the surface an increment of hitherto carefully concealed disease. To-day we are obtaining a more nearly accurate admission rate for venereal disease than the statistics of the Navy have hitherto shown.

It is believed that a forfeiture of pay during disability because of venereal disease would tend materially to increase the use of prophylactic treatment offered.

For the further control of venereal as well as other infectious diseases it is recommended that all persons in the naval service, especially those afloat, be examined physically each quarter, when practicable, and that such examination be provided for by regulation.

The medical officer would thus be able earlier to detect incipient diseases, concealed infections, or venereal disease.

Typhoid fever caused 9,471 sick days and 10 deaths during the past year. Typhoid prophylaxis is no longer in an experimental stage, and compulsory vaccination against this disease is believed to be most desirable for all persons under 45 years of age in the naval service, and it is so recommended.

Tuberculosis was the cause of 19 deaths and 11,913 sick days during the year. This does not include the United States naval hospital at Las Animas, Colo., where 25 more deaths occurred. This disease caused the greatest number of discharges for disability during the year.

The prevalence of tuberculosis in the Pacific Fleet has been the subject of special investigation by a board of medical officers. It was found that from 1909 to May, 1911, 50 cases of pulmonary tuberculosis have developed among complements of 6 ships. In addition to these frank cases of tuberculosis, 54 persons have suffered from chronic bronchitis or pleurisy. "Over 75 per cent of the men contracted the disease aboard ship."

The following recommendations were made by the board:

> All persons who have been under treatment for tuberculosis shall have at least one year's duty on shore, under medical observation, and shall be examined by a board of medical officers before being sent to sea.
>
> Ships should be disinfected every two years throughout.
>
> In the wing passages leading to the engineer's wash rooms the deck should be covered with cement, to which boot topping is applied weekly. These passages should be well lighted.
>
> Members of the engineer's force should be allowed to go on deck in clean dungarees and should be encouraged to do so.
>
> Loafing and sleeping in the wing passages should not be allowed; they should be kept clear of lockers and other impedimenta.
>
> Wash rooms and locker rooms for the engineer's force should be separate.
>
> Wash rooms should be better ventilated. The deck should have a greater drainage angle and a sanitary type of washbasin should be installed.
>
> Cases of chronic bronchitis should be removed from the ship as early as possible.
>
> The importance of the part of the medical officer at the recruiting station in the prevention of this disease is again emphasized.

Among the predisposing causes of the disease among the force afloat are insufficient ventilation (especially when the ships are under way), promiscuous expectoration, and the sailor's habit of frequently sleeping upon a mat on deck, where he would most likely suffer contact with the inspissated sputum.

If tuberculous expectoration should find its way to the deck, unquestionably those sleeping upon the deck would be most likely to suffer contact with the inspissated sputum. Babies crawling upon the floors suffer tuberculous infection (manifested by cervical lymphadenitis) more frequently than adults, who breath in a slightly higher air stratum, and it is believed that the actual lying upon the deck habitually is a menace to the health of the personnel.

In this connection it is interesting to remark the prevalence of tuberculosis among races who live upon mats in their houses, using neither beds nor chairs (e. g., the Japanese).

Tonsillitis was second only to venereal diseases in prevalence during the year, causing 3,121 admissions and 16,445 sick days. There were 1,045 cases in the Atlantic Fleet alone last year. Coincident with shellacking of the decks on some ships is the decrease in the number of cases of tonsillitis, and there is a corresponding increase pari passu ear upon the shellacked deck. On one ship, where wax s a substitute for shellac in dressing the deck, the number tonsillitis was excessive.

bling-spring drinking device effectually prevents the trans- communicable disease which is incident to the use of com- ng cups. While many of these devices have been installed p, the bureau recommends their further installation on shore at all places under control of the Navy where drink- s supplied.

a.—The effects upon the eyes of prolonged use of the peri- bmarines, the eyestrain incident upon the use of telescopic un pointers, the effect upon the eye of constantly working s under electrical illumination, and the deleterious effect ye of working the powerful searchlights now used aboard problems which are receiving careful study by the Medical view to ameliorate, so far as possible, the conditions under exacting work must be done, in order that these trained be preserved in the service for the purposes for which they rilled, viz, to fight.

gunfire upon the ear.—Again the damaging effect of gun- he hearing of officers and enlisted men is receiving careful on. Various devices for the protection of the eardrums sed with varying results.

blem of deafness in the service is a serious one, and the , if possible, of damage to the eardrum by gunfire is the esire and aim. At present an inexpensive ear device of eing tested to avert damage to the ears, not only from gun to prevent the disability resulting from swimming and ; and also to prevent deafness in boiler makers.

m is steadily decreasing in the naval service. One is much with the lessened use of alcoholics among the officers and fleet. In making a comparison between the present time rs ago the difference is very striking. In 1900 the admis- er thousand was 10.8, in 1905 it was 7.3, and in 1910 the rate per thousand is 5.9.

d tours of duty in the Tropics prove ultimately deleterious onnel. Monotony and nostalgia incident to such service rvous effects, which can not be regarded as negligible. der such conditions is apt to be perfunctory and half- d too frequently results in nervous disorder or infraction ns, due rather to mental state than to criminal intent.

of the personnel serving in the Tropics requires considera- white uniform in active service ashore is too conspicuous, ready a target, and is too easily soiled. A khaki, olive- late-colored washable uniform and headdress would be eable.

ent headdress for officers and men serving in hot climates ideal. It affords no protection to the head and neck from the sun. A campaign hat, a helmet, or a straw hat would ssary protection and save officers and men from the dan- cts of prolonged exposure to the rays of the tropical sun.

n against insects is important. Galleys, mess halls, pan- all places where food is present should be thoroughly screened. Flies, mosquitoes, roaches, ants, and other insects, as well as vermin, should be the objects of an unrelenting war of extermination. Sick bays and rooms containing infectious cases should be screened if flies or mosquitoes are prevalent.

SPECIAL DISEASES.

Special diseases will be considered under the following heads:

1. Affections which depend upon probable predisposition.
2. Affections depending upon the environment of recruits.
3. Affections depending upon ship life.
4. Affections depending upon exotic exposure.
5. Affections depending upon special conditions of service.

1. *Affections which depend upon probable predisposition.*—Flat foot is a condition which has shown a marked increase in the service during recent years.

The admission rate for flat foot during 1910 was 3.88, as against 2.66 during 1909. The high invaliding rate (2.59) for this affection is an increase of 0.72 over that of last year. It is believed that the exercises which have been recommended will do much toward preventing flat foot in the service, as they will greatly strengthen the weak parts.

The increasing number of invalidings for this condition presents a perplexing problem. It is believed that (1) faulty enlistment, (2) increased service activity, (3) and malingering are chiefly responsible for the larger rate of admission for flat foot than was seen in the service formerly.

Properly gauged practice marches with the special exercises now practiced at training stations will do much toward early elimination of flat foot which occasions disability.

Hernia caused 372 admissions and 17,828 sick days. This is an increase of 0.34 per thousand over last year. A possible factor in the increased rate of admission is the greater care in examining men for transfer and discharge.

Hemorrhoids and varicocele both show a reduction from last year's admission rates. The number of sick days for varicocele was reduced by 1,229, and for hemorrhoids by 462.

Myopia shows a reduction of 0.9 per thousand in the admission rate, while the admission rates of hyperopia and astigmatism are slightly reduced. The admission rate for errors of refraction is decreased; the invaliding rate is increased.

Epilepsy shows an increased admission rate, 1.87 per thousand, as against 1.42 per thousand for 1909.

Color blindness.—The number of admissions for this condition during the year 1910 is more than double that of 1909, although there is a relatively small increase in force. This increase is due to the increased vigilance used in the reexamination of recruits at receiving ships or barracks by naval medical officers, after they have been passed by civilian or other examiners who fail to appreciate the importance and value of this test.

2. *Affections depending upon the environment of recruits* are chiefly the general infective diseases, venereal and nonvenereal.

The prevalence of venereal diseases at the training stations for the year is shown by the admissions per thousand in the following table:

	Chancroid.	Gonorrhea.	Syphilis.
Norfolk	62.40	198.92	20.41
San Francisco	17.35	141.32	9.91
Newport	7.67	55.86	6.39

General infective diseases (nonvenereal) show a decrease in the number of admissions, but the number of sick days shown by this group is increased by 2,325.

Only 3 cases of diphtheria were found during the year at the training stations—these occurred at Newport.

During the year there were 1,051 cases of mumps; of this number, 828 cases occurred at the three training stations—Newport, Norfolk, and San Francisco—while the remainder, 223 cases, are credited to the service at large. The admission rate for mumps at the training stations was 150.27, while for the service at large it was only 4.35 per thousand.

At the training stations the admission rate for pneumonia was 16.33 (Newport furnishing more admissions than the total from the other stations), while the rate for the service, exclusive of the training stations, was 3.43 per thousand.

Excepting malaria, the greatest decrease in the admission rate of any disease occurred in tonsillitis—falling from 61.71 in 1909 to 55.02 per thousand in 1910. Only 3 cases of scarlet fever occurred at the training stations during the year, and the remainder of the service gave 29, making a total of 32.

An outbreak of cerebrospinal fever occurred at the San Francisco training station. There were 5 cases, with 1 death. One case occurred at Newport, making a total of 6 cases in the service during the year.

A careful survey of the returns continues to indicate that the naval training station at San Francisco is unfortunately situated, from a climatic viewpoint. Twenty-five cases of tuberculosis developed at the training stations during 1910.

3. *Affections depending upon ship life* show little variation from the rates of admission for last year; the most marked difference being the reduction in number of admissions for tonsillitis, due, in part, to the substitution of the bubbling-spring drinking device for the common drinking cup. The admissions for typhoid fever show a reduction. The number of drownings in 1910 was 109, as compared with 51 in 1909.

The returns show 15 cases of variola in the force afloat during 1910, as against 7 in the preceding year. The outbreak on the U. S. S. *Washington* resulted in 10 of the 15 cases. Owing to the frequent intimate contact of the naval auxiliary service with the force of the Navy, it is recommended that compulsory vaccination of these men be performed.

Diphtheria shows a slight decrease among the force afloat. In this connection, it may be added that the Bureau, in accordance with the opinions held by the foremost practitioners to-day, has discontinued the administration of general prophylactic dosage with antitoxin, at the same time the Bureau urges the early and bold administration of antitoxin to persons who have developed the disease.

Heat exhaustion and thermic fever both show reduction in admission rates.

4. *Affections depending upon exotic exposure.*—The rate of admission for malaria shows a decrease from 18.85 in 1909 to 11.79 in 1910. There is a marked reduction in the incidence of dengue. There is a markedly increased rate for admission for ankylostomiasis, 0.16 per thousand in 1909, and 0.97 per thousand in 1910. This is probably due to systematic examination for this disease.

Influenza shows an increase in the admission rate per thousand from 22.15 in 1909 to 26.74 in 1910. Dysentery shows a decrease in the admission rate from 2.19 in 1909 to 1.37 in 1910.

5. *Affections depending upon special conditions of service.*—The admission rate for appendicitis shows a reduction from 6.77 to 6.43 per thousand. Operative treatment was given to 231 cases of appendicitis, with 3 deaths.

Mental diseases appear to show slight increase during the past year. The statistical report of the insane from the Navy at the Government Hospital for the Insane is on page 95.

Suicides have been frequent, 20 having occurred during the year. The manner of suicide and number of deaths from each method is shown in the statistical table on page 76.

UNITED STATES NAVAL DISPENSARY.

The increasing work which falls upon the naval dispensary in Washington, D. C., has necessitated the detail of an additional medical officer to meet the urgent needs of this duty.

After a practical trial of several years the present location of the dispensary at the naval hospital is regarded as unsatisfactory. Its inaccessibility is believed to deter many ambulant cases from appearing for office treatment, thus materially and unnecessarily increasing the number of visits required of the medical officers in attendance upon sick officers and their families.

Further, officers on active duty can not afford the time consumed in visiting this remotely situated dispensary, consequently, it has been necessary to maintain a second dispensary and to devote to dispensary purposes several rooms of the much-needed space of the bureau, in the Mills Building.

It is believed that a centrally located dispensary, easily accessible to the department and to the resident families of officers could be efficiently maintained with a personnel reduced in number below that now required for dispensary purposes, and at no inconsiderable saving in cost of equipment.

The Bureau recommends the establishment of a centrally located dispensary in Washington.

THE NAVAL MEDICAL SUPPLY DEPOTS.

Naval medical supply depots are maintained at New York, Mare Island, Cal., and at Cavite, P. I. The activities of these depots embrace the purchase of medical and surgical supplies, instruments, furniture, etc., their delivery to ships, stations, and hospitals and the acquisition of information concerning the condition of the market and the sources of supply available in event of national emergency.

The following table gives an idea of the amount of work done at these depots during the year:

Requisitions filled.	Number.	Value.
Brooklyn	765	$246,862.25
Mare Island	183	43,966.59
Cavite	152	14,690.09

NAVAL PRISONS AND PRISON SHIPS.

So far as possible the circumstances and surroundings of the prisoners are made as comfortable as may be, consistent with their confinement.

A reasonable and proper amount of work is required of prisoners, and the physical exercise thus enforced serves to keep them in better health than if they were permitted to follow their personal inclinations.

The prisons are all reported to be in excellent sanitary condition.

A laundry and drying room are needed at the prison at Mare Island, Cal., and attention has been invited to the need of providing facilities for the care and treatment of prisoners who may develop infectious diseases while in confinement at the naval prison, Portsmouth, N. H.

TRAINING STATIONS.

Norfolk.—The health of this station has been satisfactory. No epidemic other than mumps has occurred. Not a case of true measles appeared. There were 19 cases of German measles (rubella). All cases of contagious and infectious disease, except mumps, have been contracted outside the station.

The following special diseases occurred during the year: Mumps, 178 cases; rubella, 19 cases; chicken pox, 2 cases; typhoid fever, 17 cases; pneumonia, 14 cases; syphilis, 43 cases; chancroid, 122 cases; gonorrhea, 389 cases; and malaria, 4 cases.

The total number of sick days was 3,259, and the percentage of sick was 0.46.

The unit system of barracks would tend to lessen the spread of contagious disease. Screening and mosquito extermination would prevent malarial infection. Rigid enforcement of venereal prophylaxis would help reduce the amount of venereal disease.

Typhoid fever has been more or less prevalent at this station for some years—at times reaching epidemic proportions. Strict sanitation at the station and the compulsory use of typhoid prophylaxis to all the personnel will tend to reduce the incidence of this disease. So long as typhoid fever is present to any degree in the city of Norfolk men from the station on liberty will be in danger of contracting the disease.

Newport.—The prevalence of catarrhal and respiratory diseases and the large number of cases of pneumonia at this training station indicate that climatic conditions are not ideal.

During the year there occurred 46 cases of pneumonia, 39 cases of influenza, 10 cases of tuberculosis, 3 cases of diphtheria, 54 cases of tonsillitis, 270 cases of mumps, 68 cases of measles, 114 cases of German measles (rubella), 1 case of cerebrospinal fever, and 2 cases of typhoid fever. The total number of sick days was 3,013, and the percentage of sick was 0.32.

Some of the diseases have been practically perennial in their prevalence since the establishment of the station, and there appears to be no practicable way to prevent contraction of these diseases by susceptible persons during their period of service at this station.

Every effort has been made to prevent occurrence of these diseases. Even a routine quarterly fumigation of the living spaces and clothing has been tried, but it appears that no known and practicable method of prophylaxis will prevent development of measles and mumps among large bodies of closely herded young and susceptible recruits who are granted liberty in communities where the diseases are endemic.

The senior medical officer of the station at Newport comments upon conditions as follows:

> Though from an individual or professional point of view this condition of things is not ideal, yet serious complications are almost unknown in these diseases, the illness incident to the average case of mumps or rubella is no more serious than that incident to vaccina, and a corresponding immunity is acquired for the man's future aboard ship, which may be regarded as a compensating advantage.

The new receiving building, when completed, will prove a most valuable adjunct to the station. This building includes an emergency ward for the treatment of mild cases of illness, which may develop among the recruits who are segregated for observation before their admission to the barracks where they come in contact with the large body of men who are under training.

A weekly inspection is made of all persons under training with view to discover and prevent the spread of skin diseases.

San Francisco.—This training station is unfavorably situated because of climatic conditions, and has been the subject of previous adverse report. The health of this station has not been satisfactory. During the year there were 18,710 sick days. The percentage of sick was 4.28.

Some of the contagious or infectious diseases noted were: Pneumonia, 30 cases; influenza, 149 cases; cerebro-spinal fever, 5 cases; typhoid fever, 2 cases; mumps, 380 cases; measles and German measles, 149 cases; tuberculosis, 3 cases; tonsillitis, 114 cases; and venereal diseases, 204 cases.

The annual report of the medical officer at this station says of the receiving building:

> The building is at times overcrowded; the entire air space when all bunks are filled is 166 cubic feet per man, which is far too small and should not be tolerated for a moment on a shore station.

Contamination of the water of the bay with refuse is said to result in polluting the water of the swimming tank. This should be remedied by filtration if necessary.

The present method of dumping the garbage from the station into the bay should be abandoned and an incinerator should be installed for garbage disposal.

eat Lakes Training Station has just been formally opened. probable that the morbidity and mortality statistics of on will closely parallel those of the naval training station rt, especially in so far as catarrhal and respiratory diseases ncerned.

RECEIVING SHIPS.

r in large barracks or in receiving ships, the outbreak of disease is always a matter of great moment, because of er of persons who may have been exposed before the discovered. This is peculiarly true of the old and, from a viewpoint, unsatisfactory receiving ships which are at crowded.

ast annual report of this bureau the desirability of the use arracks instead of the receiving ships now in use was Experience has proved the higher disease rate for the ships, and it seems that only by the employment of unit n lieu of the receiving ships can the best hygienic sur- be given to the officers and men who must serve at receiving ng stations.

connection the medical officer of the U. S. S. *Franklin* says:

> e opinion that two years spent on the *Franklin* in the close, poorly venti- of the ship, and the additional requirement of being obliged to live in n for that period, materially lowers the vital resistance of those officers board.

S. S. *Independence* is the subject of unstinted criticism in l sanitary report of the medical officer serving on board

S. S. *Hancock* is reported to be in good sanitary condition, present position (Jan. 1, 1911) is insanitary, as she lies the caved-in portion of the Cob Dock, and accumulation of curs on the shelving shore. The decomposition of this expecially in warm weather, produces a far from ideal nvironment.

S. S. *Lancaster*, U. S. S. *Philadelphia*, and U. S. S. *Wabash* ed to be in good sanitary condition, except as to certain ures.

NAVY YARDS.

itary conditions of the navy yards have, generally speaking, llent. A consideration of the large mass of work which the medical officers of the yards illustrates the important performed by these officers, not alone in the rendering of injured and treatment of the sick, but also in the preven- nmunicable disease or of its spread.

e Bureau's duty again to recommend the provision of unit or the accommodation of the crews of ships which are g extensive repairs or annual overhauling at the navy yards. nfort and insanitary conditions prevailing aboard ships in and undergoing extensive rapairs call urgently for remedy. ieved that the health of the personnel would be conserved acuation of ships undergoing general repairs, especially in d the berthing of the crews in sanitary and comfortable barracks. This expedient would further an annual general disinfection of the ship's living spaces, which would undoubtedly reduce the incidence of communicable disease.

The navy yard, Boston, was very free of contagious disease during the year. Except venereal diseases, tonsillitis was the most prevalent. The marine barracks are reported to be in the "same insanitary condition" that they were last year, except for the deterioration incident upon another year's occupation.

Navy yard, Charleston, S. C.—As a result of improved drainage in and about the yard, the sanitary condition of the station has been greatly improved. The number of officers and men stationed here is so small that it is probable that the present facilities for care and treatment of the sick will prove adequate for sometime to come. Venereal diseases constituted the chief cause of morbidity during the year.

The naval station, Key West, is reported to be in excellent sanitary condition. If the department purposes to continue occupancy of this station, a small building constructed to contain an office for the medical officers, an examining room, dispensary, laboratory, and a 10-bed emergency ward is a necessity.

Navy yard, Mare Island, Cal.—The general health has been excellent. The installation in seven of the yard buildings of bubbling spring faucets for the use of the employees improves materially the sanitary situation by preventing the use of a common drinking cup. Some of the buildings are still supplied with ordinary faucets and water coolers; these should be replaced by the bubbling spring type of faucet. The comfort of the officers and men attached to ships in the dry dock has been greatly enhanced by the completion of a new concrete water-closet and wash and bath house. The marine barracks at this station are too small and accommodate only about one-half of the garrison usually stationed at this post. The condition necessitates the accommodation of the overflow in tents.

The naval station, New London, Conn., is reported to be in good sanitary condition.

Port Royal, S. C.—This station is in need of general repair and proper sewerage. The outbreak of typhoid fever at this station and the initial appearance of the disease in a man who had been in confinement on the station for six weeks point to the prevalence of the insanitary local conditions which previously had been reported by the medical officer. Five cases of the disease occurred.

The naval station, New Orleans, La., has been in good sanitary condition. The health of the personnel was good and no epidemic occurred during the year.

The naval torpedo station, Newport, R. I.—The general health of this station was excellent. The Newport Water Works Co. supplies this station with fresh water, the quality of which has been much improved by the recent installation of a filtration plant. A new main sewer, which will carry the sewage of the station into Narragansett Bay instead of Newport Harbor, is being laid.

Navy yard, New York.—The general sanitary condition of the yard during the year has been good. Thorough renovation would greatly improve the sanitary condition of the old and badly worn marine barracks.

Navy yard, Norfolk.—The buildings and grounds at this yard are in good sanitary condition. It is believed that if the Schmoele tract were prepared for drill ground and athletic purposes the taking of physical exercise would become more popular and the physical condition of the personnel would be improved. Too frequently officers and men are so circumstanced that, when inclined to take frequent physical exercise, the grounds are so remote that most of the time available for exercise is consumed in going to and coming from the field.

Navy yard, Pensacola, Fla.—The sanitary conditions have been greatly improved, but much remains to be done if the department purposes continued occupation of this yard.

Navy yard, Philadelphia, Pa.—Mosquitoes are very prevalent, despite subsoil drains and every effort to prevent stagnation of water. A toilet and bathing facilities for officers and enlisted men attached to ships in Dry Dock No. 2 are greatly needed, as are facilities for washing clothing. It is recommended that this sanitary defect be remedied so soon as practicable. Modern barracks should replace the old wooden receiving ship. The structure now occupied as a dispensary is described by the medical officer as "impossible for the purpose for which it is used." The building is dilapidated, old, and contains no room that can be used as a waiting room. A new dispensary, containing quarters for the hosiptal steward on duty, is urgently needed.

The general health of the navy yard, Portsmouth, N. H., has been good. The average daily working force of civilians during the year was 1,050, and it is interesting to note that among this number only 80 cases of injury, chiefly of minor severity, required treatment.

The ventilation of the berth deck of the prison ship *Southery* has been somewhat improved by cutting additional air ports, but forced ventilation should be employed. The medical officer states that—

> when 80 odd prisoners were shut in here and gratings locked for the night, the conditions were deplorable, especially as the "heads" (water-closets) opened directly into this compartment.

The health of the yard and station at Puget Sound, Wash., was excellent throughout the year.

Navy yard, Washington, D. C.—The health of the personnel has been excellent, as have been the sanitary conditions, with a few exceptions.

THE LIABILITY ACT OF MAY 30, 1908.

The operation of the liability act of May 30, 1908, increases very much the work of the Medical Department at various navy yards.

The incomplete records show that surgical or medical (usually the former) treatment was rendered to 9,954 civilians at navy yards within the continental limits of the United States during the year. When it is stated that nearly 10,000 persons were treated during the year, and that each of these persons was the subject of exhaustive report to the Department of Commerce and Labor, and of careful record at the station where injury was received, a partial appreciation of the magnitude of this duty—not strictly the duty of a naval medical officer—is obtained.

While the additional demand taxes greatly the Medical Corps, much more important results are consequent upon the operation of the law as it stands. The text of the law is such that a workman receiving a trivial injury, which necessitates his absence from work for two or three days, will receive no compensation for the loss of time incurred, but should the injured man remain absent from work during a period of 15 days, full pay is allowed. This provision permits uncontemplated abuses of the generosity of the Government, and legislative remedy of the conditions should be applied promptly.

The importance of this subject justifies me in quoting at length from reports of medical officers who have given this problem their careful study.

In discussing the operation of this act, the surgeon of the navy yard, Boston, says:

> The most serious defect of the law, and the one that leads to the greatest amount of deception and dishonesty among the workmen, is the provision that no compensation is given unless the workman is incapacitated for 15 days. I was told by a representative of the Department of Commerce and Labor that he thought this provision was put in the bill because it was thought it would tend to make the men return quickly to their work; its operation, however, is quite the reverse, and everyone strains every effort to make his disability last for the 15 days.
>
> A large number of men are laid off an unnecessarily long time, and the Government pays wages without receiving any return, on account of either the patient's neglect of himself in allowing wounds to become infected or not carrying out energetically measures to restore the injured parts to usefulness. Also, the same thing results from the failure oftentimes of the civilian physician to carry out what seems to us in this office proper treatment. Of course, this is a delicate subject, and often puts the medical officer in the yard in an embarrassing position, as, in the ordinary ethical relations of the profession, one does not want to criticize a physician to his patient. Yet many cases are prolonged by what seems like malpractice. After the patient is first seen by the yard surgeon and given first-aid treatment, the yard surgeon has no further control of the patient and can only watch the case to see how soon the man is sufficiently recovered to return to his work. He can not take the treatment out of the hands of the man's family doctor, no matter how defective he may think the treatment. To illustrate: There was a case of contusion of the toe, with hemorrage under the great toenail; no effort was made for many weeks to remove the nail, and an injury that ought to have been well in a few days was dragged out for nearly two months, the man in idleness and drawing full pay from the Government. Another case of epididymitis, following a trifling injury, was under suspicion for a long time, and finally positively proved to be a complication of gonorrhea; yet the man was paid for a number of weeks, as a lay representative of the Department of Commerce and Labor decided that the gonorrhea was acquired after the development of the epididymitis. These cases illustrate the kinds of cases in which the Government is imposed upon.
>
> I call attention again by quoting from my last year's report concerning another of the important defects of the law—the inability to let men, partly recovered from injuries, return to the shop and do such work as they may be able to perform. "A number of cases are seen, in which, after an injury that has incapacitated a man, he recovers to the extent that he is much better and could do much useful work, but is not able to perform the full extent of his work. For instance, a man, who may operate some machine, receives an injury to his hand; after a short time the hand gets much better, and, while he may not be able to perform the intricate and quick movements necessary to operate his machine, yet there is much useful work that he could do about a shop. Often the man, tired of idleness, when he is really not much incapacitated, would be glad to do any work that he was capable of doing; and it would help out in the work of his shop to be able to use his services. But that is made impossible by a decision of the Secretary of Commerce and Labor, who ruled that the employee could not return to work until he was entirely recovered and able to resume the work he was doing when injured."
>
> The routine of the yard followed after injury to an employee is for the yard surgeon to report the case if the injury is serious enough to lay the man off his work, to the head of the yard division under which he is employed, recommending that the man be reexamined at the expiration of a certain period. A clerk in the man's division has the duty of notifying the employees to report for reexamination at the time designated.

In many cases there is carelessness in sending the notification promptly, and the man does not appear until one or more days after the time fixed. In the course of the year this amounts to quite a number of days' work lost to the Government. The men are told to report as soon as they feel able to go to work or in any case when they receive a letter ordering them to report; but in the majority of cases they wait until the letter is received before reporting for reexamination.

The surgeon of the navy yard, Mare Island, Cal., states that although "300 pairs of protective eyeglasses (goggles) were purchased by the general storekeeper" and were issued to the manufacturing and steam engineering departments, no glasses were found in use during inspection of the shops.

In this case it will be observed that the Government has actually furnished a means of protection, and civil employees fail to avail themselves of the protection thus afforded.

The following quotation from the annual report from the medical officer of the Mare Island yard is submitted for consideration:

> From observation and experience at this station it is believed the following changes should be made in the "Act granting compensation to employees in the service of the United States for injuries received in the course of their employment."
>
> 1. The words "nor unless said injury shall continue for more than fifteen days" are responsible for considerable malingering and should be stricken from section 1 of this act.
>
> 2. (*a*) Compensation should be granted employees poisoned while at work, by lead or other metals. (*b*) Employees convicted of malingering should be immediately discharged.
>
> 3. To properly protect the interests of the Government, it is recommended that all individuals be examined by a competent civil physician before being employed and their general physical condition and defects fully recorded on an official form.

The following is quoted from the annual report of the surgeon of the yard at New York:

> The greater part of the work of the medical force at this yard is in caring for the civil force, accidents and emergency cases of illnesses requiring immediate treatment. The necessary records require care and careful consideration, as reference is often called for in cases of compensation. This requires a careful opinion as to diagnosis, prognosis, and history of the case, as well as the disposal of the case and the length of time incapacitated.
>
> The Department of Commerce and Labor makes frequent inquiries as to the status of the cases.
>
> The card catalogue system has worked most satisfactorily, and, owing to its alphabetical yearly arrangement, is easy for reference.
>
> The following table will give a summary of the character of injuries, etc., that have received attention at the yard dispensary, viz:

Abrasions	159	Incised wounds	155
Abscesses	12	Infected wounds	105
Burns	117	Illnesses	127
Contused wounds	199	Injuries to eyes	842
Contusions	406	Lacerated wounds	613
Dislocations	4	Punctured wounds	150
Deaths	4	Sprains	110
Electrical shock	1		
Fractures	24	Total	3,042
Hernias	14		

> Again, attention should be called to the large number of physical examinations, which disclose many physical defects among civilian employees which do not necessarily interfere with the satisfactory performance of labor, but are often a menace to the safety of the individual and to others, and to the justice of awarding compensation. The decrepitude from old age undoubtedly is a source of disadvantage to the Government in predisposing to accidents and prolongation of necessary treatment.
>
> It would be well if a standard of physical excellence could be determined prior to employment.

Similar conditions obtain at the navy yard, Norfolk. This may be appreciated by the following extract from the annual sanitary report of the surgeon of the yard at that station. He says:

> As the law now stands it can not be properly applied at this yard without the detail of a medical officer for special duty in visiting and examining men at their homes in Norfolk, Portsmouth, Berkley, and outlying villages, as it is utterly impossible for the officers of the yard to do this work in addition to their regular duties. While injured men are directed by the medical officer to report at the dispensary for examination at the expiration of the time given them as disabled, there is a large percentage of these men who resort to all manner of excuses and schemes to absent themselves until the expiration of the 15 days during which they may receive full remuneration for time lost due to injury. It is true that many men are careful to report for examination when directed by the medical officer, and with this class there is no trouble, but the percentage of them who deliberately fail to do so is quite sufficient to cause no little trouble when a visit to their homes becomes necessary. I would recommend that the 15-day clause in the act be annulled and that there be substituted a provision for a 50 or 60 per cent of pay from date of injury until the man returns to work. This would doubtless prevent much of the malingering that is engendered by the present system.
>
> During the year 1,004 yard laborers were given first-aid treatment at the dispensary, of which number 184 were reported as incapacitated. A large number of those reported as not incapacitated absented themselves without knowledge of the medical officer, some exaggerating their injuries beyond all possibility. Others developed infection in very slight wounds by neglect of treatment.

The surgeon of the yard at Philadelphia makes the following comment upon the operation of the "Liability act":

> After three months' experience with the working of the Government disability act of May 30, 1908, I an convinced that it should be changed in certain details. As at present enacted it appears to me to place a premium on dishonesty on the part of the employee if he be constituted that way. A man who is injured and disabled for 14 days receives no compensation whatever, whereas if disabled for 15 days he receives his full pay. This clause of the law surely would have no status from a standpoint of equity. There are also a very small percentage of cases that remain away from their work much longer than their injuries would justly warrant. According to the interpretation of the law rendered by the Department of Commerce and Labor it is impossible for naval officers to prevent a man from remaining from his work longer than is actually necessary.

The surgeon of the yard at Portsmouth, N. H., comments as follows:

> A workman receives no pay for absence unless absent 15 days, and this provision of the law is a most fruitful cause of false statements. Minor hurts are neglected at home until an absence of 15 days is completed. Trivial wounds, aseptically dressed here, reappear in a few days dirty and infected. Many men do not come here at all at time of injury and, days later, they appear and claim conditions which can not be proved or disproved as to origin, but bring certificates from their private physicians. These can not be accepted, being without proof and often almost absurd in their statements.
>
> The family physician who is expected to furnish these certificates is not likely to displease his clientele. Often men come with injuries, usually old ones, claiming duty origin, when it is evident they were received long ago and not due to yard work. Often the claimants are old men, unfit for work by reason of age, and their wounds heal slowly or imperfectly as a result, while their old age makes them far more likely to receive injury. Medical diseases of all sorts come for treatment, many of long standing.

The foregoing quotations indicate the unsatisfactory operation of the liability act of May 30, 1908, and they further indicate that there is under the present system an unnecessary loss of services which are paid for by the Government.

This bureau, after careful consideration of the various phases of the application of the act, recommends:

1. The repeal of the 15-day clause.
2. Requirement of certificate of physical fitness on part of applicants for employment.

3. Provision reducing pay, say to 60 per cent, during disability of an employee.

It is believed that such provision would eventuate in the earlier return to duty of those who have received trivial injuries.

4. Provide for reduction of pay to 25 per cent of full pay during disability received while at work but in which contributory negligence can be proved, such as injury to eyes received while at work, but while the person injured neglected the protection afforded by the goggles supplied by the Government.

5. Summary discharge of any employee guilty of malingering.

FOREIGN SHORE STATIONS AND STATION SHIPS.

Camp Elliott, Isthmian Canal Zone.—The annual report of the medical officer of this post states that the health of the command during the year has been excellent, and it is believed that the camp is now not only the healthiest spot on the Isthmus, but will compare favorably with most cities in the United States.

Ringworm, as in most tropical countries, is a prevalent condition. Malaria has greatly decreased, and individual cases appear of less severity. From being the predominant cause of disease at this camp, malaria is becoming so uncommon as to render it difficult for the medical officer to secure satisfactory blood specimens for study. It is believed that this is due not only to the system of quinine prophylaxis, but also to the greatly improved sanitation of the camp and the method of oiling all ascertainable mosquito-breeding places that can not be destroyed.

Naval station, Cavite, P. I.—The sanitary condition during the past year has been good. The establishment of a steam laundry at this station has greatly reduced the prevalence of parasitic skin diseases. The principal diseases prevalent during the year were dengue, dysentery, malaria, and venereal infections. There were two outbreaks of cholera during the year; the first developed in a native sailor, and the infection was traced to the village of Bacoor, where cholera was prevalent. This case died. The second outbreak resulted from the ingestion of infected oranges from Bacoor, by a marine. This man recovered. Seven cases of dysentery and 153 cases of dengue developed on the station during the year. The reports from this station concerning the efficacy of venereal prophylaxis have been very enthusiastic.

Naval station, Guam.—The health of the command has been excellent; the percentage of sick for the year, 3.6. The sanitary conditions of the various native towns are slowly improving with the gradual education of the people. Manifestly this process must be slow, for in many cases the customs or superstitions of generations must be put aside before even good sanitary conditions and hygienic living can be expected.

Tuberculosis continues to cause more deaths among the natives than any other disease. Leprosy is not increasing. Gangosa has been made the subject of special study, and evidence appears to be accumulating to show that gangosa and syphilis are identical, etiologically. Guha, or epidemic asthma, was more prevalent and more fatal during the year than in 1909. The reason for this is not apparent. Eleven cases of filariasis were demonstrated during the year.

Naval station, Guantanamo.—The general health of the force has been excellent; however, the medical officer of the station recommends that, in the absence of suitable diversion and opportunity for recreation, the tour of duty at this place be limited to one year. This recommendation is specially made with reference to the enlisted men, for by the time their transfer is effected through the fleet they will have served almost two years at Guantanamo.

During the early part of the current year the First Provisional Brigade of Marines was quickly organized and encamped at Fisherman's Point, Guantanamo Bay. Typhoid fever appeared in the camp on March 26; a total of 5 cases developed. Of these, 2 received no antityphoid inoculation, 2 had received the first inoculation, and the fifth case had received a complete antityphoid inoculation, i. e., three injections. The entire command, 2,082 strong, received three doses of the protective serum. Except the case above mentioned, none of those who received the full dosage (three injections) developed the disease.

Naval station, Honolulu.—The health of the naval and marine forces was good during the year. Venereal diseases, which are very prevalent at Honolulu, head the list, despite the rigid enforcement of prophylaxis against these diseases.

Naval station, Olongapo.—The prospective development of a naval base enhances the importance of this station, and immediately emphasizes the necessity for the construction of a hospital for the treatment of the officers and men attached to this station.

Dengue and malaria were quite prevalent during the year at this station, the large proportion of malaria having been contracted at the marine rifle range at Maquinaya. Conditions at the latter place have been improved, as result of a vigorous antimosquito campaign.

The proximity of the town of Olongapo and its barrios to the naval station renders the sanitary problems at the station insoluble, unless those of the town are considered concurrently. The better education, habits, and sanitary training of the complement of the station, combined with utmost vigilance on the part of the sanitary officers, can only partially attain the best results if the environs of the station remain in their present insanitary condition.

United States legation guard, Peking, China.—The general physical condition of the officers and men has been very good. To counteract in part the effect of the monotony in the life of the enlisted men of the guard, every effort has been made to stimulate a liking for sports. The gratifying results warrant the hearty encouragement of this effort.

The U. S. S. *Rainbow* spent the greater part of the year in the Philippines as station ship. The health of the crew is reported as having been excellent. The medical officer says that "the value of venereal prophylactic treatment has been amply demonstrated" by his experience.

Naval station, Tutuila, Samoa.—During the year the health of the command has been excellent. Every member of the native guard was found to harbor *Necator americanus*, despite the fact that very few showed any symptoms of infection. A large amount of medical and surgical work is being done by the naval medical officers for the natives of American Samoa, because otherwise these wards of the Government would be unprovided with medical or surgical aid.

Recently permission has been given for the erection of a hospital building upon the naval reservation, at the expense of the insular government. This hospital will be of much benefit to the natives. During last year 258 major and 112 minor surgical operations were performed by the naval medical officers, and they issued a total of 26,425 prescriptions during the year, which represent the treatment of 6,188 persons. Frambesia and filariasis are prevalent. A small quantity of salvarsan has been sent by the bureau to the medical officer of the station, with instruction to employ the drug in the treatment of filariasis especially, its efficiency in frambesia already having been proved by Strong at Manila and confirmed by Castallani in Colombo.

NAVAL ACADEMY.

The annual sanitary report from the Naval Academy shows a decrease of 1,061 sick days for the year 1910, as compared with that of 1909.

The following infectious diseases were recorded: Influenza, 275 cases; diphtheria, 2 cases; pneumonia, 2 cases; rheumatic fever, 9 cases; typhoid fever, 29 cases; malaria, 6 cases; measles, 8 cases; mumps, 13 cases; whooping cough, 1 case; chronic articular rheumatism, 1 case; scarlet fever, 1 case; septicemia, 2 cases; and tuberculosis, 2 cases.

During the last quarter of the year a sharp outbreak of typhoid fever occurred. The midshipmen were the chief sufferers—29 of their number developing the disease—but several other cases developed within the confines of the academy grounds. It is a matter of gratification to the Bureau and of credit to those charged with the treatment of these serious cases that no fatality resulted.

A board of medical officers was appointed to make a careful study of the causes of the epidemic and of local conditions. The findings of this board were corroborative of the reports which had been made from time to time by the medical officers concerning the insanitary conditions prevailing, and the board's recommendations were concurrent (if more exhaustive) with those previously made. These insanitary defects have been remedied.

The food has been sufficient in quantity and of good quality. The drinking water has been proved to be free from pathogenic bacterial contamination. A ferruginous deposit is found in the water, but otherwise the water is of good quality.

The clothing is satisfactory.

As result of the recommendations made by the board, consisting of Passed Asst. Surg. H. W. Smith, United States Navy, and Civil Engineer A. L. Parsons, United States Navy, which board made an exhaustive study of the lighting conditions in Bancroft Hall, the walls have been retinted.

The modified conditions have resulted in a reduction of the number of admissions for diseases of the visual apparatus from 342 during 1909 to 247, a reduction of 95 persons admitted for treatment and a decrease of 367 in the number of sick days.

The anatomic age determination by means of the Röntgen ray, after the method described by Rotch, was made the subject of an exhaustive study, but it was found that, in the cases of midshipmen, ossification of the bones has progressed too far for a comparative X ray study of the development of these bones to be of any practical value to the service.

Attention is specially invited to the desirability of requiring a high standard of physical excellence of the candidates for admission to the Naval Academy and of the maintenance of this standard. Experience indicates the risk incurred in the acceptance of individuals markedly under the standard weight. A relatively high percentage of these develop pulmonary tuberculosis.

The Bureau desires to emphasize the necessity for strict adherence to the prescribed standard for visual acuity; midshipmen must be deck officers, and even though a visual error is corrected by glasses, weather conditions often make their use unsatisfactory or impossible. In these circumstances vision of 10/20, "corrected to 20/20 by glasses," is still a vision of 10/20, for the glasses can not be used.

The very large classes now graduating are resulting in an annual influx into the commissioned grades of sufficient numbers to warrant discrimination in the physical as well as mental qualifications of the young officers.

The large number of young men in the country offers enough material for choice of the best.

Appointment or continuance of weaklings at the academy after rejection upon physical examination too frequently results in the assumption for the Government of an early claim to the retired list. These men when followed through the service are found to be unable to discharge their obligation to the Government by the performance of the duty for which they were educated at Government expense.

It is worthy of note that of those admitted to the academy during the past 10 years and who were above the physical standards none developed tuberculosis during the 6 years of instruction and service before being commissioned. In this connection the medical officer in charge of physical training of midshipmen says:

> Care should be taken in considering the continuance of those individuals who are rejected, in view of the data given in this report (dated Feb. 1, 1911). Such a case is a source of trouble and extra work at the Naval Academy and elsewhere, beside blocking the entrance of another who could perhaps qualify, and postponing for several years the arrival in the service of a fully qualified officer for active duty.

ATHLETICS.

The Bureau is of the opinion that competitive and spectacular athletics are undesirable in the service, especially among midshipmen who are prone to overtrain for, or hazard too much in, a contest.

The function of the Naval Academy is to equip young men mentally and physically for their chosen profession. Physical training and athletics generally should be indulged in so as to safeguard the interests of the Goverment and the individuals as well. While football may be somewhat hazardous as played, it is the disabling after effects that, in my opinion, make it questionable as a sport to be encouraged where future naval officers are being trained.

The prolonged rigorous course of physical exercises necessary to excellence in physical sports is believed to be dangerous in its after effects upon those who indulge in athletic sports sufficiently to excel therein.

When, under the conditions of service at sea, it becomes impossible to continue rigorous exercise, the individual easily falls prey to degenerative changes, tends to become obese, to lose physical stamina, and in the end he fails to render as many years of efficient service under service conditions as does his less athletic, but symmetrically developed, classmate.

Recently the medical records of 625 former athletes of the classes of 1891 to 1911 have been examined to determine the bearing of early overtraining upon physical efficiency in after life—9 have died and 12 have retired.

Of these 21 casualties, 6 have been due to tuberculosis, 8 to mental or nervous diseases (3 suicide on account of ill health), 2 indirectly to alcoholism, 1 death each to acute dilation of the heart and valvular disease of the heart, both directly attributable to track and crew racing, and 1 to an injury received in a football contest. Of the remaining 604 in the service, 198 have disabilities or abnormal conditions of sufficient moment to be of official record, and to which their record as athletes bears a possible or probable causative relation, and while not in most instances physically incapacitating the individual, tends toward an imminent or premature loss of service.

Of these 198, 48 are referable to the heart or blood vessels, such as arteriosclerosis, organic heart disease, heart murmurs, irregular or rapid heart action, and hypertrophied or dilated hearts. The joints or motor apparatus are involved in 16 and the kidneys in 11 cases. Seventeen are either frankly tuberculous or have had symptoms indicative of tuberculosis. Neurasthenia, associated with gastric complications in several instances, occurred in 16 cases. The presence of 25 cases of appendicitis and 15 of hernia in this series is of interest, especially in the case of the latter disability which appears to be associated particularly with a football record.

The opinion that long-distance crew or foot racing is not beneficial, but productive of serious harm, is one not held alone by the naval medical officer, but by those in civil life best qualified to judge, and it is believed that it needs but a decided stand on the part of an institution of the standing of Annapolis for the adoption of a "safe and sane" standard in these and other endurance contests to initiate a similar movement in the athletic world, making success dependent more upon skill and less upon brute force.

The more or less permanent employment of professional coaches and trainers is believed to be not to the best interests of the Navy. The chief end and aim of such professional trainers is to produce winning teams, as upon this depends largely their reputation and occupation. It would appear that the Navy possesses those among the graduates who, with specially detailed medical officers, are capable of this duty, and the importance of the subject should justify the assignment of such officers for this purpose.

An examination of the reports on the physical condition of the four classes at the academy shows a marked gain in average weight and strength during the first year, a slight loss of average weight and a decided loss of strength during the subsequent years of training.

As this bears a constant relation to the decrease in compulsory exercise during these years as shown by the reports, it is evident that the mind is cultivated at the expense of the body in the case of the third, second, and first classes.

The Swedish system of exercise is now being tried at the Naval Academy. Upon the recommendation of the Surgeon General, a number of officers and men of the Marine Corps were detailed for a course of instruction in the Swedish system of gymnastics under the medical officer in charge of physical training at the Naval Academy. The object was to implant this system in the Marine Corps. It is now in operation and giving satisfactory results. In connection with the proposed adoption of the Swedish system of exercise at the Naval Academy, credit is due Capt. A. P. Niblack for his intelligent and forceful presentation of the advantages of this system in the naval service, and to Surg. J. A. Murphy, for his conscientious study and adaptation of this system to the needs of the academy.

PHYSICAL EXERCISE.

Special attention is being devoted to the improvement of the system of physical training of the personnel of the service. It is urged that general physical uplift is the desideratum and not overtraining in some special line. The aim should be to develop a strong, resistant body rather than to make an athlete of a given individual.

Athletic sports should be moderate in character, and not of such nature as to produce unnecessary wear on the organism or expose it to risk of serious injury.

Out-of-door exercise should be encouraged so far as possible, both ashore and afloat. It is believed that all should participate in a physical drill on deck daily, the weather permitting. It is recommended that those who have duties below decks be required, when possible, to spend time daily on deck in fresh air and sunlight. The Swedish system of physical training appears to be more nearly adaptable to the needs of our service, and will probably be adopted in modified form.

During the year the officers of the service have performed the physical exercise prescribed by General Order No. 94. This modification of the former physical test which comprised an annual walk of 50 miles within three days in certain time limits, or equivalent bicycle or horseback rides, has been fairly satisfactory.

It is believed, however, that the quarterly exercise now prescribed fails of its purpose, viz, the requirement of regular and frequent physical exercise, to the end that officers may be kept constantly in good physical condition. A still further modification of the required exercise, which will make it less irksome and more frequent, will accomplish more satisfactory results.

HOSPITALS.

The Bureau has endeavored to evolve a type hospital suitable to the needs of the naval service, and capable of easy enlargement to accommodate the increasing personnel of the Navy. Obviously, economy of construction and administration are desiderata, and in the evolution and improvement of this type hospital due regard has been paid to these features. So far as possible, all new construction is proceeding along these lines, to the end that homogeneity of plans, of type of construction, of equipment, and of administration may be obtained.

During the past year much progress has been made toward execution of the detailed program of construction described in the Bureau's annual report for 1910, but much remains to be accomplished and will be accomplished as the condition of the naval-hospital fund warrants the prosecution of the work.

Naval hospital, Annapolis, Md.—The recent treatment of over 30 cases of typhoid fever at this hospital without a death reflects credit upon the staff and equipment of that institution. It is reported that the system of heating the wards at the hospital is unsatisfactory in that the electric fans which force the warmed air into the wards are noisy and tend to scatter dust (and germs) unnecessarily.

Naval hospital, New York, N. Y.—New baths, lavatories, dressing rooms, and toilets have been installed on the second floor of the north and south wings of the main building. These dressing rooms greatly facilitate the handling of surgical cases. Quarters for the housing of the nurses who are attached to the hospital are practically completed and will prove a valuable adjunct to the institution. The conversion of the old residence formerly occupied by the officer in command of the medical supply depot into a contagious disease building would result in large saving and would give a building which would meet all needs of this station. It is probable that the water and drain pipes in the main building may have to be renewed in the near future. However, it is hoped that they may last until the general renovation or reconstruction of this building, which will be imperative within the next few years.

Naval hospital, Chelsea, Mass.—A minimum of repairs only has been made to this old structure in order to make it habitable, and except in so far as proper care of patients may require it, the Bureau feels unwarranted in making further expenditure upon repairs in this building. Ground was broken on January 25, 1910, for the construction of the new naval hospital. The portion of the ground belonging to this hospital, which was loaned to the Bureau of Ordnance, was vacated on February 24, 1911. The relinquishment of control of this property restored it to the Bureau of Medicine and Surgery and places under cognizance of this bureau several well-constructed buildings which may at small expense be converted into a power house, laundry, and morgue. The house occupied by the gunner could probably be readily converted into a much-needed building for treatment of contagious diseases. The conversion of these several structures as above mentioned would result in a considerable saving to the Government.

Naval hospital, Mare Island, Cal.—The increased personnel of the Navy and the proximity of this hospital to San Francisco, which is the port of entry of most of those who are invalided from our insular possessions and from the Asiatic station, cause this hospital to be second in importance only to that at Norfolk. Despite the recent completion of the new wing at the institution, the medical officer in command states that "the hospital accommodations are insufficient for the rapidly growing needs of this hospital." A new ward, increase in size of the sick officers' quarters, a nurses' home, and quarters for civil employees (some of whom must at all times be at the hospital) are urgently needed at this station.

The naval hospital, Newport, R. I., is antiquated, inadequate to the needs of the station, and, being of wooden construction, is unsafe for hospital purposes. It is being replaced by a fireproof Navy-type hospital. The need of greater and more satisfactory hospital facilities has long been felt, and it is gratifying to be able to state that the new construction is progressing favorably.

Naval hospital, Norfolk, Va.—This is the most complete hospital under the cognizance of this bureau, and in view of the fact that more than 1,800 men were treated at this institution during the year, it is evident that the hospital should be thoroughly equipped in every way. During the past year two new wings of the main building have been completed, thus giving an additional bed capacity of 138. A plant for sterilization of drinking water has been installed. The prevalence of typhoid fever in this vicinage makes it imperative that the water supplied to patients for drinking purposes be above suspicion. Repairs to the wharf, a washhouse for convalescents, a machine and tool shop, a properly constructed coal shed, and quarters for female nurses on duty at the hospital are needed. The nurses now occupy quarters in Portsmouth, Va., some distance from the hospital. The hardship entailed by these conditions, especially in bad weather, should be remedied. A garage with quarters above for occupancy of civil employees, some of whom must at all times be on duty and available in case of fire, etc., is needed.

Naval hospital, Pensacola, Fla.—In the last annual report it was stated that this hospital had reached a state of dilapidation. However, so long as a personnel is retained at the navy yard, hospital facilities, meager though they be, must be provided. This is the only warrant for expenditure of funds on these buildings, which are considered unfit for hospital purposes and unworthy of extensive repair. Plans were being prepared for construction of a new operating pavilion and a residence for the medical officer, but in view of the possible closure of this yard a discontinuance of the work was ordered.

Naval hospital, Philadelphia, Pa.—This hospital has recently been remodeled. It is now in excellent condition and adequate for the needs of the sick and wounded at the yard and station.

Naval hospital, Portsmouth, N. H.—The new Navy-type hospital is still under construction.

The naval hospital, Puget Sound, Wash., is now completed sufficiently to accommodate the sick of the station.

Naval hospital, Washington, D. C.—This hospital continues to be of increasing usefulness to the service. The new buildings under construction last year are now completed. While the messing facilities are inadequate, the hospital is in excellent condition. The old naval hospital, Washington, D. C., is no longer used as a hospital, since the completion of the new naval hospital. The building was, until recently, used as a training school for the Hospital Corps, but since the abolition of this school, it is being held for use in case of overcrowding of the wards of the naval hospital.

The new hospital at the Great Lakes Training Station has been completed and is now being equipped, to the end that it may be ready to receive patients when the training station is formally opened.

Naval hospital, Las Animas, Colo.—It is the policy of the Bureau to restore to duty no enlisted men in whom tuberculosis is definitely proved to exist, and the Bureau likewise deprecates the restoration to duty afloat of officers who are tuberculous. This attitude is assumed because of consideration of the mutual interests of the patients and of the service. The restoration to duty of these persons results in subjecting their already weakened constitutions to most inimical influences aboard ship, at the same time that it exposes under these same influences healthy or predisposed persons to possible infection. In view of the permanent unfitness of the tuberculous for service afloat, the maintenance of the naval hospital at Las Animas is scarcely justified as a part of a military establishment, as its function is purely humanitarian. These tuberculous patients can be well cared for in another Federal institution whose functions are wholly humanitarian, without the further great expenditures necessary to make the establishment at Las Animas a complete institution for the treatment of the tuberculous.

The treatment of tuberculosis with injections of mercury has been faithfully tried in this hospital, and the results obtained from the treatment have not justified the belief held by some that mercury is a specific in the treatment of tuberculosis. Since abandonment of the mercurial treatment, after a trial of about three years duration, all patients have received the usual sanatorium treatment.

There were 159 patients continued from the calendar year 1909, all of whom were tuberculous. During the calendar year 1910 there were: (1) Twenty-five admissions—8 with tuberculosis pneumonica and 17 with other diseases; (2) 214 readmissions—206 with tuberculosis pneumonica and 8 with other diseases. The disposition of those remaining from 1909 and those admitted and readmitted during 1910 was as follows: Ninety-five to duty, 136 invalided from service, 1 to hospital for the insane, 2 deserted, 27 died, 137 continued to 1911.

Of the 95 patients discharged to duty, 16 were for diseases other than tuberculosis. Of the remaining 79 (all tuberculous), 30 were discharged by reason of expiration of enlistment; 7 by reason of change of diagnosis from tuberculosis of other parts to tuberculosis pneumonica; 1 by reason of change of diagnosis from tuberculosis pneumonica to anemia simplex; 6 from the service as undesirable; 25 as cured; 6 ordered before retiring board; 2 retired at the hospital; 2 resigned. Of the 25 discharged to duty as cured, 8 were Hospital Corps men on duty at the hospital, who were admitted as with nominal tuberculosis pneumonica. Therefore, during the year, there were 357 tuberculous patients, exclusive of the 8 nominal cases, 17 of whom were discharged as cured. In these 17 cases discharged as cured, the result of microscopical examination of the sputum during their stay at the hospital was: Eleven negative, 6 positive.

HOSPITALS WITHOUT THE CONTINENTAL LIMITS OF THE UNITED STATES.

Naval hospital, Canacao, P. I.—This building requires repairs frequently, because of deterioration incident to the Tropics. In view of the moving of the naval station from Cavite to Olongapo, it is felt that a minimum of expenditure necessary to the preservation of the property should be made. It is believed, however, that the hospital will still be useful to the service, in view of the fact that the fleet will probably spend more time about Manila than about Olongapo. Provisions, coal, amusements for the men, etc., are factors which will probably influence the fleet to anchor near Manila, when repairs do not necessitate the presence of the ships at Olongapo.

Naval hospital, Agana, Guam.—This hospital is a result of consolidation of the Maria Schroeder Hospital, Susanna Hospital, and a structure erected at a cost of $6,000, which sum was allotted from the naval hospital fund. The amalgamation of the three institutions, which are on adjoining lots, gives a great increase in efficiency and guarantees possession by the United States Government of a hospital in which Caucasian and native patients may receive treatment. As the natives have had no hospital facilities other than those afforded by the well-meaning but scattered efforts of a few interested and philanthropically inclined persons, a well-equipped hospital has been greatly needed. The large volume of excellent work done at the hospital and the lack of a modern operating room are strong arguments for supplying this want at the earliest practicable date.

Naval hospital, Olongapo, P. I.—A well-equipped modern hospital is a necessity at this station. The moving of the naval station from Cavite to Olongapo, P. I., evidences an intent to make the latter station the naval base in the Philippines. There is no naval hospital at Olongapo, P. I., other than the former hospital ship *Relief*. This ship, having been proved to be unseaworthy, is temporarily available as a hospital, but obviously the small spaces and poor ventilation afforded by the best of ships give scant comfort to the sick in the Tropics, as compared with a properly planned hospital in the same locality. Further, a ship, already unseaworthy, will probably not last indefinitely.

San Juan, P. R.—Owing to the abandonment of the naval station the necessity for the naval hospital at that station no longer exists. Consequently that institution has been closed as a naval hospital, but has been loaned to the insular government for its use. Should Culebra or San Juan be used as a naval base at some future time, a new hospital will be a necessity.

Naval hospital, Sitka, Alaska.—The building now occupied as a naval hospital is unfit for occupancy and is unworthy of further expenditure for repairs. The necessity for hospital facilities for this isolated station requires no argument. It is recommended that the now unused property known as "Crow's Nest," under the cognizance of the Treasury Department, be acquired, if feasible, and that a hospital suitable to the needs of this station be erected thereon.

Naval hospital, Yokohama, Japan.—This hospital continues to demonstrate its usefulness to our fleet in Asiatic waters. Despite a decrease in the force serving on the Asiatic Station, the increased number of sick days shown at this hospital during the past year indicates the need of this institution. During the past year the quarters formerly occupied by the medical officer in command were razed. The building had become so old and dilapidated as to be unfit for repair and unsafe in a country where earthquakes are not infrequently severe.

CRUISING SHIPS.

On the whole, the health of the fleet has been good.

The steadily increasing personnel of the Navy, the environment imposed by service afloat, the large amount of machinery, the handling of fires, steam, gasoline, electricity, and explosives, and the necessity for use of small boats—all make for an increase in the casualty list of the service, yet the rate of casualty seems not large, all things being considered.

Special effort is being made to teach swimming, and to inspire in men confidence in rough water when they are compelled to rely upon their own presence of mind and effort in order to keep themselves afloat. The Bureau again invites attention to the recommendation made in its annual report for 1910, regarding the urgency of requiring ability of officers and men to swim. The records show that 109, or 30 per cent, of the 363 deaths in the service from all causes during the year were due to drowning. This number includes 31 deaths of men who were lost when the *Nina* foundered, and 23 men who were drowned when a boat of the *New Hampshire* went down in New York Harbor. Probably an expert knowledge of swimming would have been of no avail in the case of those lost on the *Nina*, but it seems not improbable that some of those who were lost in the *New Hampshire* disaster might have been saved had they been strong swimmers, since they are said to have gone down shortly after leaving the pier. As this item of our statistics compares unfavorably with those of the navies of other nations, it would seem that something can be done looking toward the reduction of the high mortality from this cause. The Bureau again urgently recommends that swimming be given more attention than has hitherto been accorded to it.

The fleet surgeon, in his annual report, invites attention to the difficulty occasionally encountered in the establishment of the isolation camp, which is necessary upon the occasion of the visit of the fleet to Guantanamo each year. Because of the immediate necessity for removal from ships and isolation of cases of infectious diseases while the ships are at Guantanamo, the fleet surgeon suggests the desirability of erection of "inexpensive pavilion-like structures" for the accommodation of such cases.

During the early part of the year an epidemic of diphtheria occurred on the U. S. S. *Louisiana;* there were no deaths among the 50 cases which developed.

In nearly every sanitary report from the ships of the Atlantic and Pacific Fleets for the year 1910, allusion is made to the inadequate ventilation of the forward part of the ship reported upon. The numerous reports from medical officers concerning defective ventilation of various parts of ships indicate a necessity for even more careful consideration than this subject has received. The Bureau is of opinion that care and intelligent supervision of this matter by the deck officers, as well as by the medical officers, will be productive of good. Under date of August 4, 1910 (No. 17179), the commander in chief of the Atlantic Fleet says, in connection with the ventilation of the main-deck of the U. S. S. *Idaho*, that—

> The commander in chief has become increasingly convinced that the foulness and heat in living spaces are due primarily to lack of attention on the part of the officers of the deck who fail to see that hatches and skylights are properly attended to (from Annual Sanitary Report from U. S. S. *Idaho*).

The fleet surgeon of the Atlantic Fleet, in a recent report, says:

> The general appearance of the crews of the various ships strongly indicates the need for more care in the selection of recruits. In view of all that is desired in the enlisted men, it appears that the average age is too young. The majority of them are not above 25. A large number holding the ratings of ordinary seaman are not 20. It is true that youth presents the advantage of alertness and a readier susceptibility to training, but it presents the great disadvantage of lightness in weight, immaturity of mind, the lack of power to endure hardships or exposure, and it is doubtful if their physical and mental powers would coordinate in time of some trying emergency.

A considerable number of undersized men and men with poor physique were noticed. On two or three ships the number of men displaying the stigmata of physical and mental degeneration is striking. Most of these latter appeared to be performing their duties satisfactorily. They were clean, orderly, and the daily routine of the ship life made no disclosure of their innate weakness. Such men, however, are undesirable, for in stress of circumstances or time of great excitement they would fail to meet all that would be required of them.

The almost universal drinking of distilled water afloat is a potent factor in the maintenance of the health of the personnel, despite certain recognized undesirable features. Parasitic skin diseases are decreasing proportionately with the more liberal use of distilled water for bathing.

The ration is of excellent quality and sufficient quantity. It is possible that a reduction in the meat ration of those serving in the Tropics and a corresponding increase in carbohydrates and fats would give even better results than does the present ration table which is in use in both temperate and tropical climates.

Prophylaxis against venereal diseases has been the subject of many reports, either very favorable or adverse.

With the revolutionary changes in the character of the man-of-war in the past three decades have come changes in the character and habits of the personnel. The men are younger, and many of them are men of industry and ambition who desire to improve themselves by reading or study. For this reason many of the ships should have the lighting facilities of the crews' quarters improved, so that reading and study may be encouraged.

The water-closet bowls provided for the use of officers on many of the ships are unsatisfactory. These bowls are and have been the subject of frequent adverse reports from sanitary as well as æsthetic viewpoints.

The disposal of garbage while large ships are in port is a serious question, and it seems probable that its ultimate solution so far as large ships are concerned will be found in the installation of incinerators of suitable type and capacity.

While sterilizers large enough to sterilize clothing, mattresses, etc., are theoretically ideal, it is believed that adequate disinfection may be accomplished by sterilizing and fumigating in small compartments aboard ship. The latter methods will prevent the permanent loss of space which would be occasioned by the installation of large sterilizers.

Battle stations are established where they would be of most value in time of action. These stations are designated with view to uniformity of location, equipment, and personnel. In this connection it is again urged that the members of the ambulance party, stretcher men, etc., who are detailed from the crew be permanently detailed for duty with the surgeon's division, in order that these men may receive a training so thorough that the system will not fail in time of need. The fleet surgeon of the Atlantic Fleet says:

> Ordinarily these men (stretcher men, etc.) are detailed from time to time as battalion drill occurs, and almost never the same men twice, so that it is impossible to give them the necessary training.

The need of remedy of this condition requires no argument in its support.

A board is at present making a study of the articles which constitute the medical and surgical outfits for naval expeditionary forces and surgical supplies for the Naval Militia. It is believed that a

d equally useful expeditionary case can be prepared for use
edical department of naval forces operating on shore.

ne greater frequency of enlistments of men from the insular
ns, especially in the messmen's branch of the service, comes
probability of transmission to persons afloat, as well as to
ore, of infection with intestinal parasites. The prevalence
nal parasites among mess attendants on the ships of the
leets has been made the subject of special study, and the
eon reports that, of 190 men examined, 32 per cent were
fected with hookworm. Among those examined were 105
54 per cent of whom showed hookworm infection. The
entage of hookworm disease among Asiatics warrants special
on of these men, especially those who have to do with the
on and serving of food.

ses of anterior poliomyelitis developed aboard the *Louisiana*
e year. As this disease was epidemic at Norfolk, Va., during
of the *Louisiana* in that port, it seems probable that both
racted the disease at Norfolk.

arefully to observe and study the effects of heat upon the
force afloat with a view to possible amelioration of con-
nder which it must work, the Bureau has recently requested
egarding the physical condition of the personnel of the
force of each ship during and after endurance runs. It is
that interesting and valuable data will be forthcoming in
ts. Ventilation is receiving special study aboard the ships
t, but more especially is the subject of supplying an adequate
f wholesome respirable air to the crews of submarines. The
of noxious gases generated aboard these vessels when under
erious problem. Likewise, the removal from the small avail-
space of the effluvia and excreta incident upon the body
of the crews requires further consideration. As a result of
ions now pending, the Bureau hopes to be able to make
ndations looking toward improvement of conditions on the
ips, and in the firerooms and engine rooms of the larger

U. S. S. *Mississippi* two cases of typhoid fever developed
t ship was in the Philadelphia Navy Yard in May and June.
cases of typhoid fever developed aboard the U. S. S. *Vir-*
ng the year. The cases were all infected at Norfolk, Va.

the first quarter of the year seven cases of typhoid fever
among the crew of the U. S. S. *Missouri* at Guantanamo.
ved that the infection occurred just before the ship sailed
York.

resting observation has been made by the medical officer of
S. *New Jersey* concerning the 25 cases of tonsillitis which
aboard that ship; of these, 11 showed bacillus fusiformis and
hete of Vincent's angina.

dical officer of the U. S. S. *Pennsylvania* in his annual report
tention to the undesirability of keeping ships in commission
peace for a period longer than two years in the following

vas placed in commission March 9, 1905, and has been constantly in service
e is no doubt that certain spaces in the ship become infected, and a num-
ntable diseases occur through such infection, this being especially true of

tonsillitis, many cases of which disease are found among men occupying the sa compartment during the day and night, this being especially manifest in the lo wing passages where the firemen's washrooms are located, and where the clothin many men is kept. These spaces are constantly in use, are artifically lighted, with difficulty kept sufficiently well ventilated, and too large to be properly thoroughly disinfected during the cruising period of a ship, except in extreme em gency. These cases are not serious, but add greatly to the number of noneffecti during the year. Were ships placed out of commission or even in reserve every t years and given a thorough cleaning and disinfection, it is believed that the healt the crew would be materially improved.

The medical officer of the Reserve Torpedo Flotilla invites attenti to an insanitary feature of the construction of torpedo boats in t following words:

> **A few of the torpedo boats, such as the U. S. S. *Bailey*, are so constructed as to h the "heads" below decks and adjacent to living compartments or galleys. Th believe to be extremely deleterious to health. The "head" is almost inside forward living compartment, and foul, noxious odors are in this compartment c stantly. This, in the course of time, certainly would lower the bodily resistanc those who occupy this space and predispose them to almost any prevailing disea As the allotted air space per man aboard these torpedo boats is very small (from cubic feet in some to 150 cubic feet in others) I should suggest that the galleys heads be placed above decks.**

FLEET SURGEONS.

If solidarity of organization and coordination of effort are de able for the maintenance of a maximum of efficiency of the growi trained fighting force, no less are they desirable desiderata in t effort to keep the physical condition of this expensive trained fighti force at the highest possible standard of efficiency.

The necessity for coordination of the activities of the medi departments of the ships of the fleet is obvious. The Bureau is of t opinion that the senior medical officer of the flagship of each di sion be designated and appointed as division surgeon, and should directly responsible to the fleet surgeon, who, in turn, should be the personal, as well as the fleet, staff of the commander in ch The fleet surgeon should be relieved of all duties as medical offi of the flagship of the commander in chief, to the end that he m devote his entire time and effort to supervision of the medical affa of the fleet, frequent sanitary inspections of ships and frequ inspections of the drills of the medical departments, in order that t commander in chief may have at all times information and reco mendations looking toward the common aim of all, viz, const preparedness in all departments for any eventuality.

It is believed that until the position of the fleet surgeon is fi by statute, as recommended in the Annual Report of the Surg General, United States Navy, for 1909, the best interests of service will suffer.

It is further believed that if increased rank is required, beca of responsibility, in connection with command of a larger force, would seem that corresponding increase of rank commensurate w increase of duty should not be denied the fleet surgeon.

In this connection it may be remarked that upon the occasion the recent visit of the U. S. S. *South Carolina* to Cherbourg, commanding officer of the naval hospital at that place was "a na medical officer of the rank of rear admiral."

r, the Bureau considers it desirable that younger men should
e grade of fleet surgeon sufficiently early to insure activity
effort from officers serving as fleet surgeons.

HOSPITAL SHIPS.

ficient service performed by the U. S. S. *Solace* during the
continued and practical demonstration of the need by the
hospital ship at all times.
munity of 14,000 persons would have numerous physicians'
r consultations and treatment of minor ailments, and would,
ity, have a well-equipped hospital for the care of serious or
ases.
ersonnel of the Atlantic Fleet and its auxiliaries probably
n number that of the city of 14,000 population. In the fleet
always the greater need for hospital facilities, not alone for
t of disease, but also in order that the fighting efficiency of
nization may neither be impaired by the presence of sick or
, nor hampered by quarantine because of the presence on
e ship or ships of contagious disease.
resence of a hospital ship in the fleet guarantees the availa-
a number of medical officers trained in the special branches of
, who are ready at all times to do for the sick or injured of
all that any well-equipped hospital can do.
dition to general medical and surgical work, pathological
tions, chemical analyses, X-ray work, bacteriological exami-
eye, ear, nose and throat treatments, electrotherapy, hydro-
and dental work are thus available, and, in addition, isolation
r treatment of infectious diseases are always ready to dis-
ss any fighting unit in the fleet of quarantinable diseases
g among its crew. Embalming apparatus and facilities for
tion of bodies are provided, thereby enabling transmission
ad to the next of kin.
rous structural changes have been made in the *Solace* during
, with a resulting increase in efficiency of service and comfort
k.
cellent medical reference library has been placed on board for
of the staff attached to the *Solace* and for members of the
Corps attached to the ships of the fleet. When practicable,
ical officers of the fleet meet for clinical and medical con-
on board the hospital ship.
lition to performing an active hospital service for the fleet, a
tic examination of the eyes of the gun pointers serving on the
ships has been in progress.
purposed to repeat this examination of the gun pointers'
frequent intervals, in order that no gun's efficiency may be
l because of defective vision, the result of existing or induced
e error, or of an insidiously developing disease.
Bureau is of opinion that properly designed hospital ships
eplace the vessel now in use, which is an adaptation of a
t vessel for hospital purposes, and at best is an unsatisfactory
te for a properly designed vessel.
pital ship for each fleet is recommended.

CONCLUSIONS.

Recommendations are summarized as follows:

1. The detail of a properly qualified medical officer as inspe general of the Medical Department, to serve under the aid for ins tions.

2. Typhoid prophylaxis to all persons under 45 years of age in service.

3. The installation of the bubbling-spring drinking device a places where drinking water is supplied to the service.

4. Require all officers and men in the service to be able to swi

5. Erection of sanitary barracks at navy yards for the accomm tion of the crews of ships undergoing extensive repairs.

6. Substitution of a sanitary unit system of barracks for recei ships.

7. Require all persons aboard ship to participate in the phy drill once daily.

8. Establishment of a centrally located dispensary in Washing

9. Construction of a hospital ship for each fleet.

10. Definition by regulation of the duties, etc., of fleet surgeon

11. Consideration of changes in uniform.

12. Limitation of athletic sports.

13. Improvement of ventilation of ships underway.

14. Improvement of illumination of living spaces aboard ship.

15. Quarterly physical examination of all persons in the servic

16. Forfeiture of pay by all persons in the service during bility from disease of venereal origin.

17. Prescribe by regulation a percentage of the crews of ship permanently detailed stretcher men.

18. Urge modification of the liability act of May 30, 1908.

19. Permit the engine-room force to come up on deck in dungarees, and require them to spend time each day in the sunl or fresh air, when possible.

20. No transfer from seaman branch to coal passer's grade, u recommended after physical examination of medical officer.

21. That those exposed to the damaging effects of gun blasts, those whose ears are unfavorably affected by swimming and div be required to wear ear protectors.

22. Provision for the better protection of food from inse especially flies.

23. Require denial by recruits of history of "fits," enuresis, habit, and insanity.

C. F. STOKES,
Surgeon General, U. S. Nav

The SECRETARY OF THE NAVY.

STATISTICS.

ital statistics of the Navy for the calendar year 1910 are
 the following tables:

al view of the effects of disease and injury in the Navy during the year 1910.
tic Station.—Names of ships, average complements corrected for time,
and readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the year

c Station.—Name of ships, average complements corrected for time, admis-
readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the

c Station.—Names of ships, average complements corrected for time, admis-
readmissions for disease and injury, sick days, daily average of patients,
hospitals, discharges from the service, and deaths on each ship for the

ving ships and station ships.—Names of ships, average complements, admis-
eadmissions for disease and injury, sick days, average of patients, transfers
s, discharges from the service, and deaths on each ship for the year 1910.
yards, marine barracks, and other shore stations.—Names, average comple-
missions and readmissions for disease and injury, sick days, daily average
, transfers to hospitals, discharges from the service, and deaths during the

led statement of disease and injury among the force afloat, 1910.
led statement of disease and injury among the force at navy yards, marine
eceiving ships, station ships, and other shore stations, 1910.
led statement of diseases and injuries treated at naval hospitals and on
ips during the year 1910.
ort of vaccinations.
alence of special diseases and injuries (relation by scale).
uary record.
hs (relation by scale).
iled statement of disease and injury in the entire service.
national nomenclature.—For a comparison of international naval medical
e total amount of disease and injury in the Navy during the year 1910 is
rms of the official English translation of the International Nomenclature.
e showing distribution of disease among occupational groups of the per-
1910 by admission, admission rates, sick days, and computed damage.
e showing ships which had infectious and contagious disease on board dur-
nd the character and number of such.
le showing infectious and contagious diseases at navy yards, receiving ships,
rracks and camps, and other shore stations.
harges for disability (relation by scale).
ical operations.
ents, sick days, averages, etc., at naval hospitals.
ement of cost of maintenance of United States naval hospitals.
ruiting statistics.
ne from the Navy at the Government Hospital for the Insane, Washing-

erculous patients from the Navy at the Naval Sanatorium for Tuberculosis,
s, Colo.
ement of the work done by the Record and Pension Division of the bureau.
le showing diseases which have been most markedly increased or decreased
year 1910.

1. *General view of the effects of disease and injury on the Navy and Marine Corps during the year 1910.*

Average strength of the Navy and Marine Corps[1]	58,340
Average strength shown by reports of medical department[2]	56,721
Average strength of the force afloat[3]	35,567
Admissions for disease, afloat and ashore[4]	32,419
Admissions and readmissions for disease, afloat and ashore	41,952
Ratio per 1,000 of strength, 1910	739.62
Ratio per 1,000 of strength, 1909	797.28
Ratio per 1,000 of strength for 10 years (1898-1907)	648.38
Admissions for injuries, afloat and ashore	5,585
Admissions and readmissions for injuries, afloat and ashore	6,843
Ratio per 1,000 of strength, 1910	120.64
Ratio per 1,000 of strength, 1909	119.56
Ratio per 1,000 of strength for 10 years (1898-1907)	126.59
Total admissions to sick list during the year 1910	38,004
Ratio per 1,000 of strength, 1910	670.01
Ratio per 1,000 of strength, 1909	697.29
Total admissions and readmissions to sick list during the year 1910	48,795
Ratio per 1,000 of strength, 1910	860.26
Ratio per 1,000 of strength, 1909	916.85
Ratio per 1,000 of strength for 10 years (1898-1907)	775.95
Daily average of patients, 1910	1,534.13
Ratio per 1,000 of strength, 1910	27.05
Ratio per 1,000 of strength, 1909	26.13
Ratio per 1,000 of strength for 10 years (1898-1907)	32.83
Total number of sick days due to disease	470,091
Total number of sick days due to injuries	89,867
Total number of sick days (including officers' sick leave, 3,874 days)[6]	559,958
Average for each man of the Navy and Marine Corps, 1910	9.87
Average for each man of the Navy and Marine Corps, 1909	9.53
Average for 10 years (1898-1907)	11.82
Average days for each case treated, 1910	11.47
Average days for each case treated, 1909	10.44
Average for 10 years (1898-1907)	15.00
Discharges from the service for disease[5]	1,190
Ratio per 1,000 of strength, 1910	20.40
Ratio per 1,000 of strength, 1909	23.45
Ratio per 1,000 of strength for 10 years (1898-1907)	29.63
Discharges from the service for injuries[5]	228
Ratio per 1,000 of strength, 1910	3.91
Ratio per 1,000 of strength, 1909	4.11
Ratio per 1,000 of strength for 10 years (1898-1907)	5.10
Total discharges for disability[6]	1,689
Ratio per 1,000 of strength, 1910	28.95
Ratio per 1,000 of strength, 1909	27.56
Ratio per 1,000 of strength for 10 years (1898-1907)	32.72
Deaths from disease[5]	159
Ratio per 1,000 of strength, 1910	2.73
Ratio per 1,000 of strength, 1909	2.36
Ratio per 1,000 of strength for 10 years (1898-1907)	4.05
Deaths from injuries (including poisons)[5]	171
Ratio per 1,000 of strength, 1910	2.93
Ratio per 1,000 of strength, 1909	1.90
Ratio per 1,000 of strength for 10 years (1898-1907)	2.57

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[1] Used in computing ratios of deaths and discharges for disability.

[2] Used in computing all ratios except those of deaths and discharges for disability.

[3] Exclusive of hospital ships, receiving ships, and station ships.

[4] Exclusive of Naval Hospital for Tuberculosis, Las Animas, Colo. When a patient is admitted to this institution it is considered as a discharge for disability. Therefore, sick days and deaths at Las Animas, and also at the Government Hospital for the Insane, are not used in computing the above ratios, but the admissions to these institutions are included in reckoning the invaliding rate, or discharges for disability.

[5] Exclusive of Naval Hospital for Tuberculosis, Las Animas, Colo., and Government Hospital for Insane.

[6] Includes 206 patients invalided to Naval Hospital for Tuberculosis, Las Animas, Colo., and 65 to the Government Hospital for Insane.

Total deaths from all causes[1]	330
Ratio per 1,000 of strength, 1910	5.66
Ratio per 1,000 of strength, 1909	5.00
Ratio per 1,000 of strength for 10 years (1898–1907)	6.62
Total damage in percentage of sick from diseases, 1910	3.659
Total damage in percentage of sick from diseases, 1909	3.952
Average damage for 10 years, 1895–1905 (excluding 1898, war year)	4.395
Total damage in percentage of sick from injuries and poisons, 1910	.776
Total damage in percentage of sick from injuries and poisons, 1909	.667
Average damage for 10 years, 1895–1905 (excluding 1898, war year)	.786
Grand total damage in percentage of sick, 1910	4.435
Grand total damage in percentage of sick, 1909	4.619
Average grand total damage for 10 years, 1895–1905 (excluding 1898, war year)	5.218

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[1] **Exclusive of 27 deaths at Naval Hospital for Tuberculosis, and 6 deaths at the Government Hospital for Insane.**

Average complements corrected for time, admissions for disease and injury, sick days, daily average of patients, transfers to hospital, discharges from the service, deaths, and admission rate per 1,000 for primary venereal infection (chancroid, gonorrhea, and syphilis) on each ship for the year 1910.

2. ATLANTIC STATION.

Name of ship.	Periods in commission.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
			Disease.	Injury.	Total.								
Alliance	365	99	80	32	112	1,131.31	684	1.87	18.88	4	....	2	70.70
Amphitrite	201	28	34	22	56	2,000.00	219	1.08	21.24	10	....	1	250.00
Birmingham	365	416	200	56	256	615.38	1,776	4.86	11.68	36	1	3	163.46
Castine	365	241	107	35	142	589.21	381	1.04	4.31	70	....	...	141.07
Celtic	365	157	63	17	80	509.55	298	.81	5.15	13	....	1	121.01
Chester	365	374	232	31	263	703.20	1,641	4.49	12.01	23	....	1	243.31
Chicago	259	30	24	5	29	966.66	148	.57	13.48	8	....	...	233.33
Connecticut	365	1,143	486	108	594	519.68	2,574	7.05	6.16	42	....	4	126.85
Culgoa	365	144	100	20	120	833.33	639	1.72	11.94	12	....	...	250.00
Delaware	272	544	695	156	851	1,564.33	3,799	13.96	19.12	96	2	...	233.45
Des Moines	365	281	262	56	318	1,131.67	2,137	5.85	20.81	16	....	1	206.40
Dixie	365	277	242	61	303	1,093.86	1,332	3.64	13.14	24	....	...	198.55
Dolphin	365	166	81	17	98	590.36	179	.49	2.95	29	1	1	120.48
Drayton	64	15	7	1	8	533.33	39	.61	7.27	5	....	...	66.67
Dubuque	365	163	148	27	175	1,073.62	1,012	2.77	16.99	19	1	1	233.12
Eagle	365	72	53	9	62	861.11	301	.82	11.38	14	....	1	194.44
Fish Hawk	365	40	19	5	24	600.00	87	.23	5.75	4	....	...	250.00
Flusser	365	84	54	16	70	833.33	362	.99	11.78	8	....	...	273.80
Georgia	365	923	433	125	558	604.55	3,118	8.54	9.16	55	1	...	190.68
Hist	365	68	69	26	95	1,397.05	382	1.04	15.29	7	....	...	308.81
Idaho	365	816	414	108	522	639.70	2,865	7.84	9.60	26	4	1	208.33
Indiana	365	301	315	57	372	1,235.88	1,444	3.95	13.12	18	1	1	372.09
Iowa	244	305	215	48	263	862.29	1,609	6.59	14.44	43	2	3	259.01
Kansas	365	930	582	105	687	738.70	3,255	8.91	9.58	43	2	3	135.48
Lamson	325	71	48	7	55	774.64	303	.93	11.66	6	....	...	253.52
Lebanon	199	29	28	1	29	1,000.00	81	.40	7.52	6	....	...	310.34
Louisiana	365	968	563	70	633	653.92	2,809	7.69	7.94	131	2	3	111.57
Marietta	365	162	99	35	134	827.16	868	2.37	14.62	13	2	...	55.56
Massachusetts	248	257	137	24	161	626.45	1,344	5.41	14.30	28	....	1	186.77
Mayflower	365	181	75	17	92	508.28	306	.83	4.58	24	....	1	132.59
Michigan	362	746	718	118	836	1,120.64	4,426	12.22	16.25	69	1	1	265.41
Minnesota	365	996	323	36	359	360.44	1,029	2.81	2.82	49	1	3	157.63
Mississippi	365	766	436	56	492	642.29	3,400	9.31	12.15	42	....	3	185.37
Missouri	365	392	153	31	184	469.38	1,345	3.68	9.38	37	....	...	112.24
Montana	365	931	462	82	544	584.31	3,131	8.57	9.20	85	....	3	142.85
Montgomery	365	158	72	13	85	537.97	274	.75	4.74	23	....	...	113.92
Nebraska	365	863	548	102	650	753.18	3,693	10.11	11.70	109	....	2	154.11
New Hampshire	365	891	294	112	406	455.66	1,853	5.07	5.69	35	....	24	104.37
New Jersey	365	464	187	49	236	508.85	1,266	3.46	7.45	20	....	1	107.75
North Carolina	365	932	594	102	696	746.78	4,062	11.12	11.93	89	....	4	183.47
North Dakota	265	607	315	67	382	629.32	1,474	5.56	6.64	111	....	4	207.57
Ozark	184	13	2	1	3	230.76	3	.01	.38	2	....	1	......
Paducah	365	162	139	30	169	1,049.38	869	2.38	14.69	35	1	1	172.83
Panther	365	198	152	52	204	1,030.30	833	2.28	11.51	35	....	1	161.61

Average complements corrected for time, admissions for disease and injury, etc.—**Contd.**

2. ATLANTIC STATION—Continued.

Name of ship.	Periods in commission.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
			Disease.	Injury.	Total.								
Paulding	92	22	8	0	8	363.63	24	.26	2.98	5	....	...	**45.45**
Perkins	44	9	7	1	8	888.88	7	.18	2.41	3	....	...	**555.56**
Prairie	365	225	71	17	88	391.11	773	2.11	9.37	16	....	...	**93.33**
Preston	365	84	46	11	57	678.57	263	.72	8.57	7	....	...	**226.19**
Puritan	90	7	5	0	5	714.28	40	.44	15.50	3	....	...	......
Reid	365	84	74	13	87	1,035.71	394	1.07	12.73	7	....	...	**416.67**
Rhode Island	365	881	484	77	561	636.77	3,404	9.32	10.57	90	....	...	**147.55**
Roe	106	23	26	2	28	1,217.37	91	.85	10.73	7	....	...	**304.34**
Salem	365	362	216	33	249	687.84	1,482	4.06	11.21	41	4	2	**113.25**
Scorpion	365	83	37	4	41	493.97	558	1.52	18.31	2	....	...	**108.43**
Smith	365	82	72	13	85	1,036.58	385	1.05	12.80	11	....	...	**378.04**
South Carolina	306	647	394	37	431	666.15	2,913	9.51	12.32	23	....	...	**238.02**
Tacoma	365	286	104	25	129	451.04	920	2.52	8.81	6	....	...	**118.88**
Tallahassee	153	35	22	4	26	742.85	88	.57	6.83	4	....	1	**257.14**
Tennessee	365	952	434	107	541	568.27	2,519	6.90	7.24	75	....	1	**213.23**
Terry	75	16	6	2	8	500.00	11	.14	1.80	5	....	...	**187.50**
Reserve torpedo flotilla	365	275	177	36	213	774.54	634	1.73	6.29	48	....	...	**207.27**
Vermont	365	922	470	91	561	608.46	3,828	10.48	11.36	37	2	2	**226.60**
Virginia	365	871	454	71	525	602.75	1,914	5.24	6.01	41	1	3	**173.36**
Wisconsin	365	321	330	76	406	1,264.79	2,330	6.38	19.87	33	....	...	**165.10**
Wolverine	365	84	65	16	81	964.28	780	1.13	13.45	8	....	...	**71.42**
Yankton	365	96	52	11	63	656.25	371	1.01	10.52	17	....	1	**177.08**

3. PACIFIC STATION.

Name of ship.	Periods in commission.	Average complement corrected for time.	Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
Albany	365	355	177	27	204	574.64	1,148	3.14	8.84	41	....	1	**174.64**
Albatross	365	74	66	8	74	1,000.00	223	.61	8.24	19	....	...	**283.78**
Buffalo	365	240	148	18	166	691.67	1,847	5.06	21.08	82	1	1	**175.00**
California	365	858	649	111	760	885.78	4,271	11.70	13.63	117	3	1	**177.15**
Cheyenne	23	6	2	3	5	833.33	11	.47	4.94	....	....	...	**333.33**
Colorado	365	814	423	82	505	620.39	2,765	7.57	9.42	86	....	1	**195.33**
Glacier	365	138	86	14	100	724.63	638	1.74	12.60	21	....	...	**202.89**
Iris	365	141	77	31	108	765.95	604	1.65	11.70	12	....	1	**191.48**
Maryland	365	839	354	57	411	489.86	1,714	4.69	5.59	110	....	2	**115.61**
Milwaukee	123	59	24	8	32	542.37	105	.85	4.85	13	....	...	**67.69**
Pennsylvania	365	800	229	72	301	376.25	1,928	5.28	6.60	83	....	3	**87.50**
Princeton	365	149	79	9	88	583.89	478	1.30	8.72	14	....	...	**174.49**
South Dakota	365	872	403	59	462	529.81	3,315	9.08	10.41	78	....	1	**137.61**
St. Louis	120	73	31	4	35	479.45	154	1.28	5.77	7	....	1	**123.28**
Torpedo flotilla	365	730	262	71	333	456.16	1,782	4.88	6.68	112	....	2	**132.87**
Vicksburg	365	153	65	13	78	509.80	430	1.17	7.64	21	....	1	**117.64**
Washington	365	840	525	112	637	758.33	3,725	10.20	12.14	74	....	6	**146.42**
West Virginia	365	865	478	74	552	638.03	2,393	6.56	7.58	79	1	1	**115.60**
Wheeling	243	105	44	4	48	457.14	287	1.18	7.48	8	....	...	**200.00**
Yorktown	365	186	73	26	99	532.31	613	1.68	9.03	21	....	...	**43.01**

4. ASIATIC STATION.

Name of ship.	Periods in commission.	Average complement corrected for time.	Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
Arayat	101	10	4	3	7	700.00	73	0.72	20.00	2	....	...	......
Callao	365	37	27	3	30	810.81	256	.70	18.91	2	....	...	**189.19**
Charleston	272	531	500	97	597	1,124.29	2,755	10.12	14.21	54	1	9	**231.63**
Chattanooga	258	192	154	29	183	953.12	1,012	3.92	14.46	26	....	1	**208.33**
Cleveland	243	188	122	22	144	712.71	674	2.77	9.82	12	1	1	**297.87**
Denver	70	59	42	3	45	762.71	620	8.85	28.73	16	....	...	**203.39**
Eleano	26	7	8	1	9	1,285.71	18	.69	7.04	2	....	...	**428.57**
Galveston	78	68	23	11	34	500.00	400	5.12	16.08	9	....	...	**88.23**
Helena	365	209	176	21	197	942.58	1,649	4.50	21.53	4	....	...	**406.69**
Mindoro	365	35	17	4	21	600.00	113	.31	8.85	9	....	...	**114.28**
Monterey	365	210	162	58	220	1,047.61	1,077	2.95	14.04	56	....	1	**104.76**
New Orleans	365	355	157	40	197	554.93	1,038	2.84	8.00	33	1	...	**135.21**
New York (Saratoga)	365	436	375	40	415	951.83	1,760	4.82	11.05	55	3	...	**275.22**
Paragua	365	34	17	6	23	676.47	124	.34	10.00	4	....	...	**294.11**
Petrel	244	85	59	11	70	823.53	303	1.24	9.76	10	....	...	**247.06**
Piscataqua	72	10	6	3	9	900.00	19	.34	6.67	2	....	...	**100.00**
Rainbow	365	240	186	29	215	895.83	712	1.95	8.12	52	....	...	**162.50**
Quiros	82	14	9	4	13	928.57	50	.61	9.84	2	....	...	......
Samar	365	31	36	1	37	1,193.54	189	.51	16.45	1	1	...	**387.09**
Supply	365	134	126	20	146	1,089.55	692	1.89	14.10	12	....	...	**358.21**
Torpedo flotilla	365	336	244	26	270	803.33	843	2.31	6.87	82	....	1	**187.50**
Villalobos	365	62	66	23	89	1,435.48	539	1.47	23.71	10	....	3	**403.22**
Wilmington	365	218	123	17	140	642.20	1,101	3.01	13.80	8	....	...	**243.12**

plements corrected for time, admissions for disease and injury, etc.—Contd.

5. RECEIVING SHIPS AND STATION SHIPS.

ip.	Periods in commission.	Average complement corrected for time.	Admissions and readmissions. Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
....	365	1,955	1,162	94	1,256	642.45	3,259	8.93	4.56	414	84	5	286.95
....	365	1,060	352	45	397	374.52	959	2.62	2.47	141	2	2	187.73
....	365	803	346	51	397	494.39	890	2.44	3.03	229	21	3	118.31
....	365	455	382	64	446	980.22	1,794	4.91	10.79	63	16	3	298.90
....	365	166	77	15	92	554.21	263	.72	4.34	26	....	...	156.63
....	365	483	187	28	215	445.13	707	1.93	3.99	72	6	...	161.49
opeka..	365	472	138	17	155	328.38	1,790	4.90	10.38	25	3	...	129.23
....	365	217	118	15	133	613.90	1,030	2.82	12.99	16	1	...	87.55
....	365	347	207	24	231	665.70	413	1.13	3.25	119	7	...	291.06

VY YARDS, MARINE BARRACKS, AND OTHER SHORE STATIONS.

.	Periods in commission.	Average complement corrected for time.	Admissions and readmissions. Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Invalided from service.	Deaths.	Admission rate per 1,000 for primary venereal infection.
....	Year.....	490	319	34	353	720.40	1,392	3.81	7.78	101	21	...	187.75
....	...do......	820	467	50	517	630.48	1,494	4.09	4.98	207	4	2	86.85
....	...do......	121	166	28	194	1,603.30	4,239	11.88	98.18	6	3	2	214.88
....	...do......	541	164	39	203	375.23	226	.62	1.14	139	12	1	46.21
....	...do......	498	277	49	326	654.62	1,479	4.05	8.18	82	13	1	164.65
....	...do......	456	203	27	230	504.38	1,314	3.60	7.89	76	29	1	151.31
....	...do......	143	77	16	93	650.35	360	.98	6.85	34	2	1	90.90
a.......	...do......	384	658	114	772	2,010.41	3,762	10.30	26.82	65	102	1	343.74
....	...do......	154	115	40	155	1,006.49	571	1.56	10.13	43	20	...	188.31
....	...do......	178	107	19	126	707.86	172	.47	2.64	72	6	2	196.06
d.......	...do......	197	148	31	179	908.62	190	.52	2.63	33	18	2	208.12
....	...do......	376	161	35	196	521.27	667	1.82	4.84	48	1	1	98.40
ks and													
R......	...do......	34	34	6	40	1,176.47	166	.45	13.23	....	....	1	88.23
Camp	...do......	387	239	33	272	702.84	1,909	5.23	13.51	19	....	1	142.12
gation	...do......	141	171	24	195	1,812.05	1,816	4.97	35.24	8	....	1	376.03
rifle													
Neck,	91 days...	25	1	2	3	120.00	3	.01	.08	1	....	1	....
op, Md.	24 days...	7	8	....	8	1,142.85	4	.01	.01	6	....	...	142.12
dquar-	Year.....	271	337	64	401	1,479.70	812	2.22	8.19	240	10	...	228.79
xpedi-													
giment.	113 days..	212	70	6	76	311.32	743	2.03	2.96	4	....	...	47.17
regi-	...do......	207	204	25	229	1,106.28	985	2.70	4.04	9	....	1	154.59
lion	111 days..	64	65	8	73	1,140.62	331	.90	4.28	....	....	..1	359.37
fields).													
....	Year.....	1,344	1,966	208	2,174	1,617.56	5,428	14.87	11.06	266	15	...	72.91
....	243 days..	90	84	20	104	1,155.55	1,773	4.85	35.88	10	3	1	133.33
o......	Year.....	260	98	30	128	484.61	761	2.09	8.04	19	....	1	50.00
....	...do......	388	216	38	354	912.87	2,733	7.28	19.28	7	....	2	144.33
....	312 days..	13	4	3	7	538.46	8	.02	1.45	1	....	...	230.77
d......	Year.....	12	2	2	4	333.33	4	.01	.83	1	....	1	....
....	...do......	20	2	1	3	150.00	7	.02	1.00	....	....	...	50.00
....	...do......	94	39	6	45	478.72	314	.86	9.14	....	1	...	159.57
ark....	...do......	28	6	4	10	357.14	31	.08	2.86	1	....	...	71.43

Average complements corrected for time, admissions for disease and injury, etc.—**Contd.**

6. NAVY YARDS, MARINE BARRACKS, AND OTHER SHORE STATIONS—**Continued.**

Location.	Periods in commission.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	**Transferred to hospital.**	**Invalided from service.**	**Deaths.**	**Admission rate per 1,000 for primary venereal infection.**
			Disease.	Injury.	Total.								
Naval stations—Contd.													
Newport Torpedo Station.	Year.....	262	69	10	79	301.52	398	1.09	4.16	14	....	...	15.27
Newport Training Station.	...do......	2,345	1,360	128	1,488	634.54	3,013	8.25	3.51	939	106	1	70.78
New London......	148 days..	22	13	5	18	818.18	79	.21	3.87	1	....	...	227.27
New Orleans......	Year.....	111	33	12	45	405.40	584	1.60	14.41	1	3	1	108.10
Olongapo...........	...do......	907	723	75	798	879.82	1,904	5.21	5.74	376	....	...	144.43
Portsmouth Naval Prison.	...do......	413	122	49	171	414.04	2,239	6.13	14.84	13	2	1	70.21
San Francisco Training Station.	...do......	1,210	1,477	77	1,554	1,284.29	18,710	51.26	42.36	25	34	13	168.59
San Juan..........	...do......	168	146	33	179	1,065.47	557	1.52	9.04	52	....	...	226.19
Tutuila...........	...do......	168	160	19	179	1,065.47	1,679	4.60	27.38	5	....	...	23.81
Special duty:													
Washington Hospital Dispensary.	...do......	......	32	3	35	....	170	.46	......	10	....	...	....
New York.........	...do......	......	12	3	15	....	59	.16	......	8	....	...	....
Philadelphia......	...do......	......	28	5	33	....	295	.80	......	....	....	1	....
San Francisco Recruiting Station.	...do......	50	6	1	7	140.00	10	.03	.60	2	....	...	....
Washington Dispensary.	...do......	......	30	11	41	....	171	.46	......	21	....	...	....

7. *Detailed statement, 1910.*

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, **RECEIVING SHIPS, AND STATION SHIPS.**

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				**Deserted.**	**Died.**	**Continued to next year.**	**Total number of sick days.**
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I:												
Parasitic infections (animal)—												
Ankylostomiasis............	.....	48	......	48	......	....	....	....	....	....	......	68
Ascariasis..................	.....	11	......	11	......	....	....	....	....	....	......	32
Oxyuriasis..................	.....	1	......	1	......	....	....	....	....	....	......	1
Teniasis....................	.....	8	1	9	......	....	....	....	....	....	......	19
Other diseases of this class....	.....	1	......	......	......	....	....	....	....	....	1	4
Total....................	.....	69	1	69	......	....	....	....	....	....	1	124
CLASS II:												
General infective disease (nonvenereal)—												
Catarrhus epidemicus.........	10	814	19	825	15	....	....	....	....	....	3	3,240
Denguis......................	.....	65	1	56	9	....	....	....	....	....	1	252
Diphtheria...................	.....	47	2	5	41	....	....	....	....	....	3	50
Dysenteria amebica...........	2	11	6	4	14	....	....	....	....	....	1	293
Dysenteria infectiva (bacillary)........	.....	2	2	1	3	....	....	....	....	....	......	65
Dysenteria (undefined).......	1	15	2	14	4	....	....	....	....	....	......	108
Enteritis infectiva..........	.....	8	......	8	......	....	....	....	....	....	......	46
Erysipelas...................	.....	9	2	8	3	....	....	....	....	....	......	52
Febris cerebrospinalis.......	.....	1	......	......	1	....	....	....	....	....	......	0
Febris pneumonica............	4	116	......	45	65	....	....	....	....	8	2	1,237
Febris rheumatica............	6	222	46	203	67	....	....	....	....	....	4	2,495
Febris typhoides.............	.....	85	2	25	58	....	....	....	....	2	2	1,053
Icterus gravis (Weil's disease).	.....	5	......	5	......	....	....	....	....	....	......	26

7. *Detailed statement, 1910*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS II—Continued.												
General infective disease—Contd.												
Malaria—												
(*a*) Cachexia malarialis		17	6	19	4							141
(*b*) Febris estivo-autumnalis		29	6	30	2	1					2	283
(*c*) Febris hemoglobinurica		7		7								283
(*d*) Febris quartana		7	2	6	3							29
(*e*) Febris tertiana	5	210	41	248	8							1,082
Morbilli		108	6	27	87							648
Parotiditis epidemica		160	1	58	102						1	1,086
Pyrexia ortus incerti	2	81	5	78	10							639
Rheumatismus articularis chronicus	1	88	24	66	44	1					2	930
Rubella		34		21	13							290
Scarlatina		11		2	9							70
Septicemia		7		5	2							81
Tetanus		1								1		1
Tuberculosis miliaris acuta		1			1							9
Tuberculosis pneumonica	2	163	21	13	164	1				1	7	1,609
Tuberculosis of other parts	2	7	2	3	8							111
Vaccinia	2	142		143	1							668
Varicella		36	1	19	18							299
Variola		15	4	3	11					5		356
Other diseases of this class	1	14		12	3							42
Total	38	2,538	201	1,959	770	3				17	28	17,583
CLASS III.—CONSTITUTIONAL DISORDERS OF NUTRITION:												
Subsidiary class 1.—General diseases of nutrition—												
Diabetes insipidus		2	1	1	2							19
Diabetes mellitus		9	4	5	7						1	152
Hemophilia		2		2								3
Lithemia		4	1	4							1	10
Pseudoleukocythemia		1			1							5
Purpura		3		3								13
Other diseases of this class		2		1	1							79
Subsidiary class 2.—Diseases of the blood—												
Anemia chronica splenica		1	1		1					1		20
Anemia perniciosa		1			1							6
Anemia simplex		10	1	7	4							84
Other diseases of this class		1		1								5
Subsidiary class 3.—Diseases of the ductless glands—												
Bronchocele		7		2	5							14
Total		43	8	26	22					1	2	410
CLASS IV:												
Diseases of the nervous system—												
Apoplexia		2			1					1		6
Aphasia		1		1								3
Cephalalgia		36	2	35	3							239
Chorea		1			1							3
Dementia		30	6	2	29	1		2			2	213
Encephalitis		2			2							1
Epilepsia		49	12	32	24	2					3	385
Febris thermica		23	1	24								85
Hemiplegia		1			1							2
Insomnia		1			1							0
Mania	1	7		1	7							87
Melancholia		17	4		16	2					3	226
Meningitis		4	1	1	4							52
Monoplegia		3		2	1							10
Myelitis		4	2	1	3						2	119
Nausea marina		58	28	77	7	2						212
Neuralgia		52	3	51	4							226

7. *Detailed statement, 1910*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATI SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS IV—Continued.												
Diseases of nervous system—Con.												
Neurasthenia	....	50	9	16	40	1	1	....	....	....	1	
Neuritis	....	20	....	14	5	....	....	....	....	....	1	
Neuritis multiplex	....	2	2	2	2	....	....	....	....	....	....	
Nostalgia	....	2	....	1	1	....	....	....	....	....	....	
Edema angeiospasticum	....	3	2	4	1	....	....	....	....	....	....	
Paralysis glosso-labio-laryngealis	....	1	....	1	....	....	....	....	....	....	....	
Paranoia	....	11	2	2	11	....	....	....	....	....	....	
Paraplegia	....	1	1	1	1	....	....	....	....	....	....	
Prostratio thermica	....	74	....	73	....	1	....	....	....	....	....	
Sciatica	....	14	....	9	5	....	....	....	....	....	....	
Sclerosis spinalis posterior	....	4	1	1	4	....	....	....	....	....	....	
Torticollis spasmodica	....	4	....	3	1	....	....	....	....	....	....	
Vertigo	....	17	1	13	5	....	....	....	....	....	....	
Other diseases of this class	....	17	....	9	7	1	....	....	....	....	....	
Total	1	511	77	376	187	10	1	2	....	1	12	3,
CLASS V:												
Diseases of the visual apparatus—												
Amaurosis	....	2	....	....	2	....	....	....	....	....	....	
Amblyopia	....	9	3	5	7	....	....	....	....	....	....	
Asthenopia	....	13	....	5	8	....	....	....	....	....	....	
Astigmatismus	....	7	1	3	4	1	....	....	....	....	....	
Blepharitis	....	5	....	4	1	....	....	....	....	....	....	
Cataracta	....	4	1	1	4	....	....	....	....	....	....	
Chalazion	....	4	....	4	....	....	....	....	....	....	....	
Chorioiditis	....	5	....	5	....	....	....	....	....	....	....	
Conjunctivitis	4	125	3	116	12	....	....	....	....	....	4	
Corneæ ulcus	1	14	1	12	3	....	....	....	....	....	1	
Dacryocystitis	....	1	....	1	....	....	....	....	....	....	....	
Hordeolus	....	14	....	14	....	....	....	....	....	....	....	
Hypermetropia	....	5	....	2	2	1	....	....	....	....	....	
Iritis	....	38	2	32	8	....	....	....	....	....	....	
Keratitis	....	20	1	14	7	....	....	....	....	....	....	
Myopia	....	5	1	3	2	1	....	....	....	....	....	
Neuritis optica	1	2	....	1	2	....	....	....	....	....	....	
Panophthalmitis	....	1	....	....	1	....	....	....	....	....	....	
Pterygium	....	18	....	4	14	....	....	....	....	....	....	
Retinitis	....	8	2	1	8	....	....	....	....	....	1	
Sclerotitis	....	3	....	1	2	....	....	....	....	....	....	
Synechia	....	1	....	....	1	....	....	....	....	....	....	
Trachoma	....	2	2	2	2	....	....	....	....	....	....	
Other diseases of this class	....	1	....	....	1	....	....	....	....	....	....	
Total	6	307	17	230	91	3	....	....	....	....	6	1
CLASS VI:												
Diseases of the auditory apparatus—												
Mastoiditis	....	8	1	1	8	....	....	....	....	....	....	
Myringitis	....	2	....	1	1	....	....	....	....	....	....	
Membranæ tympani ruptio	....	22	1	18	4	1	....	....	....	....	....	
Otalgia	....	14	1	14	1	....	....	....	....	....	....	
Otitis externa	2	57	4	56	7	....	....	....	....	....	....	
Otitis media	1	165	22	131	57	....	....	....	....	....	....	
Surditas	....	16	2	11	7	....	....	....	....	....	....	
Vertigo (auralis)	....	1	....	....	....	....	1	....	....	....	....	
Other diseases of this class	....	1	....	1	....	....	....	....	....	....	....	
Total	3	286	31	233	85	1	1	....	....	....	....	1
CLASS VII:												
Diseases of the olfactory apparatus—												
Antri abscessus	....	4	....	3	1	....	....	....	....	....	....	
Rhinitis acuta	....	30	3	31	2	....	....	....	....	....	....	
Rhinitis chronica	....	12	1	3	9	....	....	....	....	....	1	
Other diseases of this class	....	8	1	7	2	....	....	....	....	....	....	
Total	....	54	5	44	14	....	....	....	....	....	1	

7. *Detailed statement, 1910*—Continued.

AT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

ases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
SEASES OF THE PPARATUS:												
1.—Diseases of system—												
osa		1		1								7
		2		2								9
	5	225	31	97	158		1				5	1,543
tricus acutus	1	114	6	112	8						1	405
tricus chronicus		33	5	13	24	1						319
estinalis acutus	1	181	3	180	5							664
estinalis chron-		7	1	4	4							36
		7		6	1							81
		12	1	9	4							66
		3		3								10
	1	223	14	234	3						1	574
		17	2	17	2							45
	1	93		90	4							265
		4		2	2							31
rvosa		10		6	4							43
	1	83	2	85	1							340
		13	6	5	14							97
		7	3	9	1							21
		1		1								3
		1		1								28
		1			1							0
	3	160	12	96	77						2	714
stio		5		5								43
ta		2		2								13
onica		1			1							2
tonsillaris		7		5	1	1						23
	1	100	2	94	17						1	888
strictura			1	1								16
estinalis		7		1	6							95
osis		1	1	1	1							1
		2		2								3
		1		1								4
		4								4		10
		29	1	28	2							132
		3		2	1							14
olaris	1	7	2	8	2							99
		7		5	2							48
	29	2,271	97	2,267	113						17	8,859
m		8	1	1	8							69
of this class		18	1	18							1	67
	44	3,680	192	3,414	467	2	1			4	28	15,685
2.—Diseases of y system—												
sels—												
is		2			1					1		2
s		3		1	1					1		33
o		4			1	1				2		51
rophia		4		3	1							40
tio	1	42	11	26	25	2					1	276
arum morbus	2	35	8	16	26	1				1	1	347
		6		2	2					1	1	47
		2			2							17
		2		1	1							11
		5		5								28
		1			1							0
		20	2	4	18							68
ics—												
is	5	116	16	105	29						3	1,421
		15		13	2							88
of this class		3	3	2	4							23
	8	260	40	178	114	4				6	6	2,452

7. *Detailed statement, 1910*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Con. *Subsidiary class 5.—Diseases of the respiratory system*—												
Asthma	.....	10	3	8	4	....	1	....	....	....	......	[illegible]
Bronchopneumonitis	1	12	......	8	5	....	....	....	....	....	......	96
Bronchitis acuta	5	496	13	477	30	....	....	....	....	....	7	[illegible]
Bronchitis chronica	1	65	12	31	47	....	....	....	....	....	......	424
Hemoptysis	1	5	......	4	1	....	....	....	....	1	......	28
Hemothorax	.....	3	......	3	......	....	....	....	....	....	......	3
Laryngitis acuta	.....	33	......	31	1	....	....	....	....	....	1	125
Laryngitis chronica	.....	2	......	......	2	....	....	....	....	....	......	0
Edema pulmonalis	.....	1	......	......	1	....	....	....	....	....	......	0
Pleuritis acuta	3	71	1	58	16	....	....	....	....	....	1	749
Pleuritis chronica	.....	13	1	4	10	....	....	....	....	....	......	166
Pleuritis purulenta	.....	2	......	......	2	....	....	....	....	....	......	17
Other diseases of this class	.....	2	......	2	......	....	....	....	....	....	......	3
Total	11	715	30	626	119	....	1	....	....	1	9	4,314
CLASS IX: *Diseases of the organs of locomotion*—												
Ankylosis	.....	6	......	1	5	....	....	....	....	....	......	8
Arthritis	3	68	6	54	23	....	....	....	....	....	......	559
Bursitis	.....	29	3	24	7	....	....	....	....	....	1	337
Caries	.....	2	......	......	2	....	....	....	....	....	......	5
Contractura	.....	2	......	1	1	....	....	....	....	....	......	24
Ganglion	.....	3	......	2	......	....	....	....	....	....	1	31
Myalgia acuta	3	210	10	211	8	....	....	....	....	....	4	1,010
Myalgia chronica	.....	26	2	14	14	....	....	....	....	....	......	165
Necrosis	.....	3	......	......	2	....	....	....	....	....	1	4
Osteitis	.....	1	......	1	......	....	....	....	....	....	......	52
Osteomyelitis	.....	4	......	1	3	....	....	....	....	....	......	58
Periostitis	.....	23	1	18	5	....	....	....	....	....	1	306
Pes planus	.....	45	15	23	32	5	....	....	....	....	......	294
Synovitis	2	76	12	79	11	....	....	....	....	....	......	709
Thecitis	2	8	1	11	......	....	....	....	....	....	......	117
Other diseases of this class	.....	1	......	......	1	....	....	....	....	....	......	0
Total	10	507	50	440	114	5	....	....	....	....	8	3,679
CLASS X: *Diseases of the skin and connective tissue*—												
Abscessus	14	667	33	649	54	....	....	....	....	....	11	4,569
Acne	.....	3	......	2	1	....	....	....	....	....	......	21
Carbunculus	2	33	2	36	......	....	....	....	....	....	1	258
Cellulitis	2	222	14	223	9	....	....	....	....	....	6	1,803
Clavus	.....	8	3	10	1	....	....	....	....	....	......	51
Cutis fissuræ	.....	2	......	2	......	....	....	....	....	....	......	11
Dermatitis venenata	.....	19	3	18	4	....	....	....	....	....	......	112
Dysidrosis	.....	3	......	3	......	....	....	....	....	....	......	6
Ecthyma	.....	4	......	4	......	....	....	....	....	....	......	27
Eczema	2	47	3	44	8	....	....	....	....	....	......	309
Erythema	.....	11	......	9	2	....	....	....	....	....	......	52
Furunculus	1	272	17	280	8	....	....	....	....	....	2	1,389
Herpes simplex	.....	8	......	8	......	....	....	....	....	....	......	35
Herpes zoster	.....	22	2	23	1	....	....	....	....	....	......	75
Impetigo contagiosa	.....	7	2	7	2	....	....	....	....	....	......	67
Lichen	.....	4	2	3	3	....	....	....	....	....	......	36
Miliaria papulosa	.....	5	1	6	......	....	....	....	....	....	......	73
Onychia	.....	5	......	5	......	....	....	....	....	....	......	54
Paronychia	.....	27	1	25	2	....	....	....	....	....	1	227
Pediculosis	.....	3	......	3	......	....	....	....	....	....	......	6
Pemphigus	.....	1	......	1	......	....	....	....	....	....	......	10
Pernio	.....	1	......	1	......	....	....	....	....	....	......	2
Pityriasis	.....	2	......	1	1	....	....	....	....	....	......	3
Pruritus	.....	1	......	1	......	....	....	....	....	....	......	2
Psoriasis	.....	4	......	3	1	....	....	....	....	....	......	3
Scabies	.....	210	9	179	37	....	....	....	....	....	3	1,023
Trichophytosis	.....	25	1	23	3	....	....	....	....	....	......	87

7. *Detailed statement, 1910*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class X—Continued.												
Diseases of the skin and connective tissue—Continued.												
Ulcus	1	69	10	54	22	...	...	...	...	...	4	866
Unguis involutus	...	68	3	70	...	...	...	...	...	...	1	426
Urticaria	...	21	1	21	1	...	...	...	...	...	...	98
Verruca	...	12	1	13	...	...	...	...	...	...	...	89
Other diseases of this class	...	6	...	5	1	...	...	...	...	...	...	65
Total	22	1,792	108	1,732	161	...	...	...	...	...	29	11,858
Class XI:												
Venereal diseases—												
Adenitis inguinalis	16	511	62	475	103	...				...	11	7,585
Arthritis gonorrhoica	6	114	30	74	73	1	...			...	2	1,807
Chancroid	10	1,409	98	1,477	32	...	...			...	8	4,547
Epididymitis	8	320	41	328	31	...	...			...	10	4,115
Fistula urinalis	...	1	...	...	1	...	...			...	...	0
Gonorrhea	16	3,906	352	4,151	108	...	...			...	15	9,153
Ophthalmia gonorrhoica	...	25	2	13	14	...	...			...	...	257
Orchitis	5	252	33	256	28	...	...			...	6	2,667
Prostatitis	...	30	11	26	14	...	...			...	1	166
Syphilis consecutiva	6	720	230	673	271	4	...			...	8	5,111
Syphillis primitiva	...	128	19	123	21	...	...			...	3	559
Urethræ strictura	...	16	3	10	9	...	...			...	...	79
Verruca acuminata	...	19	2	19	2	...	...			...	...	73
Other diseases of this class	...	6	1	4	2	...	...			...	1	48
Total	67	7,457	884	7,629	709	5	...	...	...	...	65	36,167
Class XII:												
Diseases of the genito-urinary apparatus (nonvenereal)—												
Balanitis	...	13	...	12	1	...	...	...	...	...	...	80
Calculus	...	2	...	1	1	...	...	...	...	...	...	1
Cystitis	1	49	5	43	11	...	...	...	...	...	1	569
Diuresis	...	2	...	2	...	...	...	...	...	...	...	6
Enuresis	...	9	2	4	6	1	...	...	...	...	...	22
Glandulæ prostatæ hypertrophia	...	1	...	...	1	...	...	...	...	...	...	0
Hematuria	...	6	...	3	3	...	...	...	...	...	...	10
Hydrocele	...	14	2	4	12	...	...	...	...	...	...	19
Nephritis acuta	...	23	4	14	12	...	...	...	...	...	1	244
Nephritis chronica	...	14	4	8	9	...	...	...	...	1	...	30
Nephrolithiasis	...	9	3	6	6	...	...	...	...	...	...	64
Nephroptosis	...	2	2	4	...	...	...	...	...	...	...	20
Paraphimosis	...	15	...	12	2	...	...	...	...	...	1	113
Phimosis	2	188	5	183	9	...	...	...	...	...	3	1,370
Pyelitis	...	4	...	2	2	...	...	...	...	...	...	17
Urethritis simplex	...	2	...	2	...	...	...	...	...	...	...	2
Urinæ incontinentia	...	6	2	5	3	...	...	...	...	...	...	17
Urinæ suppressio	...	1	...	...	1	...	...	...	...	...	...	1
Urinæ retentio	...	4	...	3	1	...	...	...	...	...	...	7
Varicocele	...	92	7	40	58	1	...	...	...	...	...	597
Other diseases of this class	...	20	3	19	4	...	...	...	...	...	...	137
Total	3	476	39	367	142	2	...	...	...	1	6	3,376
Class XIII:												
Cysts and new growths—												
Adenoma	...	4	...	3	1	...	...	...	...	...	...	18
Angeioma	...	1	...	1	...	...	...	...	...	...	...	11
Carcinoma	...	2	...	...	2	...	...	...	...	...	...	13
Cystis	...	27	...	24	2	...	...	...	...	...	1	116
Epithelioma	...	5	...	...	5	...	...	...	...	...	...	3
Fibroma	...	6	...	4	2	...	...	...	...	...	...	23
Lipoma	...	9	...	6	3	...	...	...	...	...	...	58
Myxoma	...	1	...	1	...	...	...	...	...	...	...	2
Osteoma	...	2	...	...	2	...	...	...	...	...	...	1
Sarcoma	...	1	1	...	2	...	...	...	...	...	...	34
Other diseases of this class	...	7	1	2	6	...	...	...	...	...	...	49
Total	...	65	2	41	25	...	...	...	...	...	1	328

7. *Detailed statement, 1910*—Continued.

FORCE AFLOAT, EXCLUSIVE OF HOSPITAL SHIPS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XIV:												
Injuries—												
Abrasio	....	36	2	38	......	....	....	....	....	....	......	217
Ambustio ex calore	1	218	5	193	19	....	....	....	....	4	8	1,626
Ambustio ex electricitate	....	8	......	8	......	....	....	....	....	....	......	44
Ambustio ex frigore	....	2	......	1	......	....	....	....	....	....	1	31
Ambustio ex venenis	....	9	......	9	......	....	....	....	....	....	......	37
Ambustio ex X-radiore	....	1	......	1	......	....	....	....	....	....	......	11
Asphyxia	....	19	......	4	10	....	....	....	....	5	......	20
Asphyxia ex submersione	....	65	......	4	......	....	....	....	....	61	......	70
Cartilaginis intraarticularis dislocatio	....	6	1	3	4	....	....	....	....	....	......	40
Concussio	....	26	1	23	3	....	....	....	....	....	1	136
Contusio	9	616	16	613	21	....	....	....	....	....	7	3,776
Deformitas	1	60	14	37	34	4	....	....	....	....	......	453
Dislocatio	2	78	11	72	17	....	....	....	....	....	2	670
Fractura	12	379	16	291	91	....	....	....	....	6	19	6,001
Hernia	....	181	33	50	163	....	....	....	....	....	1	837
Ictus electricus	....	1	......	1	......	....	....	....	....	....	......	1
Membri clades	1	20	2	13	5	....	....	....	....	5	......	330
Visceris ruptio	....	2	......	......	2	....	....	....	....	....	......	2
Solis ictus	....	14	......	12	2	....	....	....	....	....	......	31
Stremma	8	573	15	575	15	....	....	....	....	....	6	3,940
Virium defectio	....	2	1	1	1	1	....	....	....	....	......	63
Vulnus contusum	2	141	......	182	8	....	....	....	....	2	6	831
Vulnus incisum	1	173	......	161	10	....	....	....	1	1	1	1,108
Vulnus infectum	8	360	15	365	16	....	....	....	....	....	2	2,779
Vulnus laceratum	14	504	11	492	30	....	....	....	....	1	6	4,574
Vulnus punctum	....	73	2	73	2	....	....	....	....	....	......	491
Vulnus sclopeticum	....	17	......	5	7	....	....	....	....	5	......	50
Other diseases of this class	....	3	1	2	2	....	....	....	....	....	......	9
Total	59	3,587	146	3,179	457	5	....	....	1	90	60	28,177
CLASS XV:												
Extraneous bodies—												
Corpus extraneum	....	17	......	16	1	....	....	....	....	....	......	70
CLASS XVI:												
Poisons—												
Alcoholismus	....	173	8	153	26	....	....	....	....	1	1	486
Venenum irritans	....	17	......	17	......	....	....	....	....	....	......	143
Venenum neuroticum	1	24	......	15	6	1	....	....	....	3	......	90
Vulnus venenatum	....	13	2	12	3	....	....	....	....	....	......	98
Other diseases of this class	....	12	......	11	1	....	....	....	....	....	......	48
Total	1	239	10	208	36	1	....	....	....	4	1	865
CLASS XVII:												
Feigned diseases—												
Malingering	....	1	......	1	......	....	....	....	....	....	......	3
Total	273	22,604	1,841	20,768	3,514	41	4	2	1	125	263	131,827

8. *Detailed statement, 1910.*

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I:												
Parasitic infections (animal)—												
Amebiasis	....	1	....	....	1	....	....	....	....	....	....	0
Ankylostomiasis	....	5	1	6	....	....	....	....	....	....	....	173
Ascariasis	....	5	....	5	....	....	....	....	....	....	....	8
Filariasis	....	13	6	18	....	....	....	....	....	....	1	163
Teniasis	....	13	....	8	5	....	....	....	....	....	....	21
Other diseases of this class	....	16	4	19	1	....	....	....	....	....	....	42
Total	....	53	11	56	7	....	....	....	....	....	1	407
CLASS II:												
General infective diseases (non-venereal)—												
Catarrhus epidemicus	7	691	14	661	39	....	....	....	....	....	12	2,910
Cholera asiatica	....	5	....	....	4	....	....	....	....	1	....	1
Denguis	3	274	3	152	125	....	....	....	....	....	3	727
Diphtheria	....	14	4	10	8	....	....	....	....	....	....	559
Dysenteria amebica	1	17	4	11	10	....	1	....	....	....	....	240
Dysenteria infectiva (bacillary)	....	12	2	6	7	....	....	....	....	....	1	158
Dysenteria (undefined)	....	14	2	10	6	....	....	....	....	....	....	152
Enteritis infectiva	....	3	....	3	....	....	....	....	....	....	....	8
Erysipelas	....	6	....	1	5	....	....	....	....	....	....	21
Febris cerebro-spinalis	....	5	....	4	....	....	....	....	....	1	....	165
Febris pneumonica	3	129	3	42	91	....	....	....	....	1	1	1,199
Febris rheumatica	2	109	12	64	55	2	....	....	....	....	2	953
Febris typhoides	....	74	6	11	69	....	....	....	....	....	....	417
Malaria:												
(*a*) Cachexia malarialis	....	12	1	9	4	....	....	....	....	....	....	81
(*b*) Febris estivo-autumnalis	....	30	2	21	11	....	....	....	....	....	....	116
(*d*) Febris quartana	....	1	3	4	....	....	....	....	....	....	....	40
(*e*) Febris tertiana	6	335	80	345	76	....	....	....	....	....	....	1,839
Morbilli	....	196	6	30	172	....	....	....	....	....	....	579
Parotiditis epidemica	4	886	8	396	493	....	....	....	....	....	9	6,101
Pertussis	....	1	....	....	1	....	....	....	....	....	....	0
Pyæmia	....	1	....	1	....	....	....	....	....	....	....	109
Pyrexia ortus incerti	4	64	....	51	17	....	....	....	....	....	....	171
Rheumatismus articularis chronicus	2	55	14	44	25	2	....	....	....	....	....	753
Rubella	6	265	....	137	134	....	....	....	....	....	....	1,968
Scarlatina	....	13	2	4	11	....	....	....	....	....	....	81
Septicemia	....	2	....	....	2	....	....	....	....	....	....	0
Tuberculosis pneumonica	4	77	5	6	63	9	1	....	....	4	3	640
Tuberculosis of other parts	....	2	....	....	1	1	....	....	....	....	....	4
Vaccinia	....	83	2	82	3	....	....	....	....	....	....	309
Varicella	....	7	9	12	4	....	....	....	....	....	....	119
Variola	....	1	2	3	....	....	....	....	....	....	....	37
Other diseases of this class	....	199	1	200	....	....	....	....	....	....	....	359
Total	42	3,583	185	2,320	1,436	14	2	....	....	7	31	20,816
CLASS III.—CONSTITUTIONAL DISORDERS OF NUTRITION:												
Subsidiary class 1—General diseases of nutrition—												
Diabetes insipidus	....	1	....	1	....	....	....	....	....	....	....	2
Diabetes mellitus	....	4	....	3	1	....	....	....	....	....	....	5
Lithemia	....	5	1	5	1	....	....	....	....	....	....	27
Purpura	....	2	....	....	1	....	....	....	....	....	1	54
Subsidiary class 2—Diseases of the blood—												
Anemia simplex	....	8	1	3	5	1	....	....	....	....	....	36
Subsidiary class 3.—Diseases of the ductless glands—												
Bronchocele	....	3	1	2	2	....	....	....	....	....	....	2
Other diseases of this class	....	1	....	....	....	1	....	....	....	....	....	9
Total	....	24	3	14	10	2	....	....	....	....	1	135

8. *Detailed statement, 1910*—Continued.

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATIONS SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS IV:												
Diseases of the nervous system—												
Apoplexia		3		2	1							54
Aphasia		1				1						2
Cephalalgia		222		212	10							330
Chorea		2			2							0
Dementia	1	38	7	3	31	6		6				322
Encephalitis		1			1							1
Epilepsia	4	49	14	17	21	25					4	315
Febris thermica		3		3								12
Hemiplegia		3			3							3
Insomnia		18	2	18	1		1					94
Mania		3		1				2				22
Melancholia	1	18	2	4	13	2		2				257
Meningitis		5		2	2					1		40
Monoplegia		1			1							1
Myelitis		1		1								0
Nausea marina			3	2		1						2
Neuralgia		37	2	36	3							133
Neurasthenia		43	6	13	31	5						407
Neuritis		12	2	2	12							18
Neuritis multiplex		1			1							28
Nostalgia		1		1								1
Paranoia	1	3		1	1	1		1				119
Prostratio thermica		8		7	1							19
Sciatica		3		1	2							3
Sclerosis spinalis lateralis amyotrophica		2		1	1							26
Sclerosis spinalis posterior		2	1	1	2							2
Vertigo		28	4	24	6	2						176
Other diseases of this class		27	5	12	9	9		2				152
Total	7	535	48	364	155	52	1	13		1	4	2,548
CLASS V:												
Diseases of the visual apparatus—												
Achromatopsia		29	1	1	9	19					1	70
Amaurosis		1			1							1
Amblyopia		7	1	6		2						44
Asthenopia		89	8	91	2	4						272
Astigmatismus	2	81	7	62	10	18						364
Blepharitis		2		2								2
Cataracta		2			1	1						4
Chalazion		2	1	3								17
Choroiditis		2		1	1							27
Conjunctivitis	1	107	4	98	14							506
Corneæ ulcus		7	2	5	4							39
Dacryocystitis		2			2							1
Glaucoma		1			1							25
Hordeolus		9		9								19
Hypermetropia		29	2	20	2	9						91
Iritis		14	1	9	6							203
Keratitis		1		1								2
Leucoma		1			1							19
Myopia	1	30	3	10	11	13						138
Neuritis optica		2		1	1							3
Panophthalmitis		3			3							1
Pterygium		10	3	6	6	1						115
Ptosis		1		1								1
Retinitis		5	5	5	4		1					52
Trachoma		6	1	1	3	3						32
Other diseases of this class		7	2	6	3							31
Total	4	450	41	338	85	70	1				1	2,079
CLASS VI:												
Diseases of the auditory apparatus—												
Mastoiditis	1	5	2	4	3	1						77
Membranæ tympani ruptio		3		1		2						20
Otalgia		3		3								6
Otitis externa		16	1	14	3							50

8. *Detailed statement, 1910*—Continued.

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
CLASS VI—Continued.												
Diseases of the auditory apparatus—Continued.												
Otitis media	1	152	13	80	49	34			1		2	853
Surditas	1	45	5	14	22	15						184
Vertigo (auralis)		1			1							0
Total	3	225	21	116	78	52			1		2	1,190
CLASS VII:												
Diseases of the olfactory apparatus—												
Antri abscessus		3		2	1							13
Catarrhus estivus		1	1	1	1							3
Rhinitis acuta		24		20	4							49
Rhinitis chronica		15	2	2	14	1						119
Other diseases of this class		2		1	1							1
Total		45	3	26	21	1						185
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS:												
Subsidiary class 1.—Diseases of the digestive system—												
Ani prolapsio		1	1	1		1						6
Ani rhagades		4		3	1							31
Appendicitis	1	98	11	27	76	1	1			2	3	787
Catarrhus gastricus acutus		117	2	103	16							349
Catarrhus gastricus chronicus		19	1	11	9							84
Catarrhus intestinalis acutus	2	265	6	245	28							640
Catarrhus intestinalis chronicus		1	1	1							1	27
Cholangeitis		4		4								38
Cholecystitis		5		2	3							25
Cholelithiasis		4		2	2							40
Colica		128	5	124	9							217
Colitis		5		1	4							4
Constipatio		98	4	91	10						1	261
Dentis caries		42	4	23	2	21						173
Dyspepsia nervosa	1	5	1	5	1		1					34
Enteritis	1	10		10	1							83
Fistula in ano		16	4	8	12							154
Gastralgia		7		7								32
Hematemesis		1			1							0
Hemorrhois	1	118	4	43	72	3						348
Hepatis congestio		16		14	2							57
Hepatitis acuta		1		1								3
Hepatitis chronica		2		1	1							5
Hypertrophia tonsillaris		27	2	10	19							58
Icterus	1	51	1	26	25							327
Parulis		3		3								7
Peritonitis		3		1						2		38
Pharyngitis		27		23	4							72
Proctitis		2			2							9
Psilosis		1	1		2							1
Stomatitis		6		4	2							20
Tonsillitis	11	824	12	683	156	1					7	3,108
Ulcus gastricum		2	2	2	2							73
Uvula descendens		2		1	1							2
Other diseases of this class		5		3		1					1	33
Total	18	1,915	62	1,485	463	28	2			4	13	7,146
Subsidiary class 2.—Diseases of the circulatory system—												
A—Blood vessels—												
Aneurysma		2			2							0
Agina pectoris		4	1		5							15
Arteriosclerosis		4		3	1							17
Cordis dilatatio		2		1						1		2
Cordis hypertrophia		3		3	1	1						12
Cordis palpitatio	1	29	3	17	14	2						59

8. *Detailed statement, 1910*—Continued.

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class VIII.—Diseases of the Nutritive Apparatus—Con.												
***Subsidiary class 2.—Diseases of the circulatory system*—Con.**												
A.—Blood vessels—Continued.												
Cordis valvularum morbus	1	85	8	18	20	52				3	1	510
Embolismus		1			1							0
Myocarditis		1				1						13
Pericarditis		1		1								5
Phlebitis		2		2								8
Thrombosis			1	1								8
Varix		22	7	7	18	3					1	131
B—Lymphatics—												
Lymphadenitis	1	49	12	41	21							640
Lymphangeitis		9		6	3							53
Splenypertrophia		1			1							4
Other diseases of this class		2			1	1						22
Total	3	219	32	100	88	60				4	2	1,409
***Subsidiary class 3.—Diseases of the respiratory system*—**												
Asthma		11	2	5	6	2						61
Bronchopenumonitis		17	2	4	11		1			3		76
Bronchitis acuta	7	364	12	287	91						5	2,118
Bronchitis chronica		44	4	10	31	6					1	168
Hæmoptysis		6		1	5							10
Laryngitis acuta	1	30		29	2							140
Laryngitis chronica		2			2							0
Pleuritis acuta	2	52	2	28	28							271
Pleuritis chronica		8		3	5							15
Pleuritis purulenta	1	5			5					1		65
Other diseases of this class		3		3								5
Total	11	542	22	370	186	8	1			4	6	2,938
Class IX:												
***Diseases of the organs of locomotion*—**												
Ankylosis		6		2	1	3						19
Arthritis	1	27	2	18	10	2						230
Bursitis	1	11	2	10	4							114
Caries		2		1		1						24
Contractura		4		2	2							41
Ganglion		2	1	3								10
Gangræna		1				1						26
Myalgia acuta	1	86	3	80	10							288
Myalgia chronica		13	5	9	7	1					1	74
Necrosis		1			1							0
Osteitis		2			2							7
Osteomyelitis		1	1									34
Periostitis	1	2	1	2	2							7
Pes planus	1	163	38	77	26	95					4	1,371
Synovitis		32	2	18	16							151
Thecitis		5	1	5		1						90
Other diseases of this class		4	1	3	2							55
Total	5	361	57	231	83	104					5	2,541
Ass X:												
***Diseases of the skin and connective tissue*—**												
Abscessus	5	200	5	161	46	1					2	1,481
Acne		4		1	1	2						10
Carbunculus		10		6	3		1					54
Cellulitis		47	2	38	10						1	295
Clavus		27	2	25	1	3						205
Cutis fissuræ		1	1	2								28
Dermatitis venenata	1	23		23	1							196
Dysidrosis		1		1								6
Eczema		30	5	27	6	2						468
Erythema		4		4								14
Furunculus		83	12	88	6						1	425

8. *Detailed statement*, *1910*—Continued.

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS X—Continued.												
Diseases of the skin and connective tissue—Continued.												
Herpes simplex		6		5	1							28
Herpes zoster		11		10	1							56
Impetigo contagiosa	1	8	1	4	6							55
Lichen		2		2								7
Onychia	1	2		3								12
Paronychia		8	1	9								98
Pediculosis		7		6	1							22
Pemphigus		4		2	2							15
Pernio		1		1								9
Pityriasis		3		1	2							1
Pruritus	1	1		2								136
Psoriasis		5		2	3							61
Scabies	1	141	5	49	94				1		3	510
Sclerodermia		1			1							0
Trichophytosis		26		18	8							120
Ulcus	2	33	8	28	14	1						467
Unguis involutus	2	87	6	79	15	1						709
Urticaria		5		5								23
Verruca		7		7								35
Other diseases of this class		5		3	2							9
Total	14	793	48	612	224	10	1		1		7	5,555
CLASS XI:												
Venereal diseases—												
Adenitis inguinalis	6	171	24	122	75	1					3	2,215
Arthritis gonorrhoica	6	51	12	34	30	5						744
Chancroid	6	550	26	536	40	1					5	2,211
Epididymitis	2	96	9	54	53							614
Fistula urinalis		1			1							0
Gonorrhea	8	2,052	179	2,038	193	3					5	4,517
Ophthalmia gonorrhoica		10	3	7	5						1	205
Orchitis	3	95	8	84	21						1	995
Prostatitis		11		7	3						1	77
Syphilis consecutiva	4	325	73	212	161	22				1	6	2,850
Syphilis primitiva	2	36	3	26	13	1					1	76
Urethræ strictura		18	1	11	8							91
Verruca acuminata		8	1	5	4							22
Other diseases of this class		2		1	1							8
Total	37	3,426	339	3,137	608	33				1	23	14,625
CLASS XII:												
Diseases of the genito-urinary apparatus (nonvenereal)—												
Balanitis		9	1	9	1							23
Calculus		4	2	3	3							44
Cystitis	1	15	2	12	6							75
Diuresis		1			1							0
Enuresis		16	3	6	1	12						193
Glandulæ prostatæ hypertrophia		1	1	2								58
Hematuria	1	3		2	2							132
Hydrocele		16	6	15	7							320
Nephritis acuta		5	1	2	3					1		44
Nephritis chronica		20	3	7	11	1				2	2	153
Nephrolithiasis		6	1	4	3							8
Nephroptosis		1		1								1
Paraphimosis		4			3						1	6
Perinephritis		1			1							13
Phimosis		116	5	84	34						3	636
Pyelitis		2			1						1	18
Urethritis simplex		1		1								5
Urinæ incontinentia		2		2								48
Urinæ retentio		2		1	1							1
Varicocele		97	2	32	63	4						448
Other diseases of this class		16	1	12	4	1						106
Total	2	338	28	195	145	18				3	7	2,332

8. *Detailed statement, 1910*—Continued.

NAVY YARDS AND SHORE STATIONS, MARINE BARRACKS, RECEIVING SHIPS, AND STATION SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XIII:												
Cysts and new growths—												
Adenoma		1			1							0
Angeioma		1		1								19
Chondroma		1			1							0
Cystis		11	2	7	6							69
Epithelioma		1		1								1
Fibroma		5	1	4	2							45
Lipoma		4		2	2							20
Osteoma		2			2							0
Sarcoma		1			1							0
Other diseases of this class		3		2	1							13
Total		30	3	17	16							167
CLASS XIV:												
Injuries—												
Abrasio		41		40		1						179
Ambustio ex calore	2	37		30	8					1		271
Ambustio ex electricitate		2		2								2
Ambustio ex frigore		8	1	8		1						77
Ambustio ex venenis		5		3	2							7
Ambustio ex X-radiore		1			1							0
Asphyxia		2			2							0
Asphyxia ex submersione		14								14		14
Cartilaginis intraarticularis dislocatio		2		1	1							2
Concussio		9	1	6	4							62
Contusio	1	208	13	193	23	2					4	1,219
Deformitas	1	101	12	26	36	51			1			897
Dislocatio		30	2	23	8	1						218
Fractura	7	156	9	98	68	2				2	2	1,736
Hernia	4	166	25	40	128	24			1		2	1,048
Ictus electricus		1		1								6
Membri clades		5	1	1	2	3						88
Solis ictus		3	1	4								8
Stremma	4	275	7	245	37	1					3	1,560
Vulnus contusum		46		39	6					1		495
Vulnus incisum	1	57		50	7						1	382
Vulnus infectum		81	3	60	22						2	475
Vulnus laceratum	4	107	2	91	19						3	971
Vulnus punctum	1	32	1	26	7					1		141
Vulnus sclopeticum		25	4	9	12	1				7		100
Other diseases of this class	1	3	1	3	1	1						5
Total	26	1,417	83	999	394	88			2	26	17	9,963
CLASS XV:												
Extraneous bodies—												
Corpus extraneum		10		7	3							40
CLASS XVI:												
Poisons—												
Alcoholismus	1	150	5	100	53	1				2		333
Venenum irritans		4		3						1		27
Venenum neuroticum		34		13	16	3				2		77
Vulnus venenatum		9		7	2							59
Other diseases of this class		3	1	2	1	1						3
Total	1	200	6	125	72	5				5		499
CLASS XVII:												
Feigned diseases—												
Insanity		1			1							0
Blindness		1		1								2
Dementia		1			1							0
Total		3		1	2							2
Grand total	173	14,169	992	10,513	4,076	545	8	13	4	55	120	74,667

9. *Detailed statement, 1910.*

NAVAL HOSPITALS AND HOSPITAL SHIPS.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS I:												
Parasitic infections (animal)—												
Amebiasis		2	1	2			1					88
Ankylostomiasis		2			1						1	44
Teniasis		1	4	5								127
Other diseases of this class			2	2								34
Total		5	7	9	1		1				1	293
CLASS II:												
General infective diseases (non-venereal)—												
Catarrhus epidemicus	2	12	54	58	8						2	876
Cholera asiatica			4	4								61
Denguis		34	133	161	1						5	1,968
Diphtheria	3	48	47	80	15				2		1	2,596
Dysenteria amebica	4	5	28	25		5	4				3	1,812
Dysenteria infectiva (bacillary)			5	1	1					2	1	91
Dysenteria (undefined)		2	11	10	1						2	467
Erysipelas	2	3	6	11								279
Febris pneumonica	9	21	151	125	17		1		1	10	21	7,480
Febris rheumatica	16	15	130	105	31	11			1		13	6,936
Febris typhoides	20	34	142	110	27		15		2	7	35	7,956
Icterus gravis (Weil's disease)		1								1		1
Malaria:												
(*a*) Cachexia malarialis	1		7	7	1							276
(*b*) Febris estivo-autumnalis	1	2	12	7	2						6	668
(*d*) Febris quartana		1		1								9
(*e*) Febris tertiana	5	18	81	92	3		1		1		7	2,230
Morbilli	13	6	357	350	25						1	8,745
Parotiditis epidemica	9	5	607	523	21				1		76	12,591
Pertussis		1	1	2								54
Pyemia		2								2		2
Pyrexia ortus incerti	1	3	23	22							5	307
Rheumatismus articularis chronicus	9	9	73	48	11	20					12	4,110
Rubella	4	16	150	149	2						19	2,607
Scarlatina	6	8	20	28	4					1	1	1,501
Septicemia		1	5	3						2	1	140
Tuberculosis miliaris acuta			1							1		21
Tuberculosis pneumonica	20	67	257	59	282	16	1			12	24	9,158
Tuberculosis of other parts		7	7	4	7					1	2	361
Vaccinia		4	4	8								161
Varicella	4	1	8	10							3	303
Variola			2	2								89
Other diseases of this class		3	4	5	1	1						211
Total	129	329	2,331	2,011	410	53	22		8	45	240	74,089
CLASS III.—CONSTITUTIONAL DISORDERS OF NUTRITION:												
Subsidiary class 1—General diseases of nutrition—												
Diabetes insipidus			3	1		2						124
Diabetes mellitus			9	3		1	1			1	3	580
Lithemia			2	1	1							23
Pseudoleucocythemia			1								1	61
Purpura			1	1								96
Other diseases of this class	1			1								86
Subsidiary class 2—Diseases of the blood—												
Anemia chronica splenica			1	1								5
Anemia perniciosa		2	1	1							2	131
Anemia simplex			12	9	1		1				1	761
Leucocythemia	1		1		1						1	363
Subsidiary class 3—Diseases of the ductless glands—												
Bronchocele		5	9	7	1	6						564
Other diseases of this class		1		1								63
Total	2	8	40	26	4	9	2			1	8	2,857

9. *Detailed statement, 1910*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS IV:												
Diseases of the nervous system—												
Apoplexia		1	2	1						1	1	181
Aphasia		1	1	2								184
Cephalalgia	1	3	16	10	1	2	2		1		4	734
Chorea	2		4	2	1	2				1		134
Dementia	3	9	68	13	13	18		28	1	1	6	1,721
Encephalitis			3	2		1						190
Epilepsia	1	8	48	16	7	32				1	1	1,667
Hemiplegia	2	5	6	3		6				1	3	751
Insomnia	1	1	2	3		1						153
Mania	1	1	7	2	1	2		1		1	2	168
Melancholia	2	2	30	11	4	4		13	1		1	606
Meningitis		1	5	2						2	2	62
Monoplegia			3	1	1						1	187
Myelitis			1			1						230
Nausea marina	1		6	2		4					1	254
Neuralgia	1	3	7	8	2	1						192
Neurasthenia	8	15	78	50	11	22	7		1		10	3,553
Neuritis		4	21	11	8	2					4	1,008
Neuritis multiplex		1	3	1	2						1	115
Nostalgia			1	1								14
Edema angeiospasticum		1	1	1							1	111
Paralysis insanorum generalis		2	1		2			1				43
Paranoia		1	11	1	2	4		5				297
Paraplegia	1		1			1				1		250
Prostratio thermica			1	1								34
Sciatica	2	1	10	10	2	1						553
Sclerosis spinalis posterior	1		6	2	1	1					3	408
Vertigo	1	1	12	8		3					3	439
Other diseases of this class	3	10	19	11	2	14		2	2		1	677
Total	31	71	374	175	60	122	9	50	6	9	45	1,4920
CLASS V:												
Diseases of the visual apparatus—												
Achromatopsia			9	2		5					2	261
Amaurosis			3			2					1	134
Amblyopia	1		8	6		3						247
Asthenopia		2	11	8	1	3					1	436
Astigmatismus	2		15	14		3						439
Blepharitis			1	1								24
Cataracta			6	2	1	3						180
Chorioiditis		1	1	1		1						134
Conjunctivitis	1	4	25	24	1	1					4	671
Corneæ ulcus			6	5		1						213
Dacryocystitis			2	2								174
Glaucoma			1			1						154
Hypermetropia	1	2	4	5		2						273
Iritis	3	4	16	15	3	1	1		1		2	704
Keratitis			7	3		4						334
Leucoma		2	1	1	1	1						77
Myopia	1	2	14	5	2	8	1		1			659
Neuritis optica	2		3	1		4						325
Obstructio lacrimalis	1			1								51
Panophthalmitis			2	1							1	95
Pterygium	1	2	19	20							2	615
Retinitis	1		12	6	1	5					1	527
Sclerotitis			2	2								50
Synechia		1	2		1	2						215
Trachoma	1	2	5	2		4					2	523
Other diseases of this class		2	7	2	3	3					1	269
Total	15	24	182	129	14	57	2		2		17	7,784
CLASS VI:												
Diseases of the auditory apparatus—												
Mastoiditis	1	7	9	11	3	1				1	1	579
Myringitis			1	1								36
Membranæ tympani ruptio			5	3	1	1						149
Otitis externa	1	1	9	10							1	315

9. *Detailed statement, 1910*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

eases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
inued.												
auditory appara-												
nued.												
	13	16	126	74	20	43	1		1		16	5,942
	2	12	38	14	6	26			2		4	1,647
	17	36	188	113	30	71	1		3	1	22	8,668
olfactory appara-												
tivus			1	1								60
ta.	1		4	5								105
onica	2	5	36	18	5	13					7	1,194
es of this class		1	4	5								256
	3	6	45	29	5	13					7	1,615
ISEASES OF THE												
APPARATUS:												
ss 1.—Diseases of												
e system—												
s			1	1								30
s	31	37	220	231	20	1	8			1	36	11.122
stricus acutus		5	23	22	2				1		3	658
astricus chronicus	2	5	38	27	5	4	2				7	2,251
testinalis acutus	1	13	32	45	1							719
ntestinalis chron-												
	2	3	5	6	2	2						430
			1			1						26
s	2	5	10	11	2		2				2	799
s			2								2	94
	1	3	13	17								175
		2	7	7	1		1					316
		2	14	14		1					1	266
s			5	2	2	1						190
ervosa		1	6	3	1		2				1	181
		1	2	3								12
io	3	1	29	22	6	1					4	1,559
		1	1	2								25
		1				1						50
			1	1								7
s			1	1								8
	11	3	148	134	5	1	1				21	3.730
estio			1								1	114
ronica	1	2	5	3	3	1				1		618
ppurativa	1									1		148
a tonsillaris	1	2	21	20		1					3	581
		3	43	39	1		2				4	1,149
i strictura		1	1		1					1		133
ntestinalis	1	2	5	6	1						1	598
nosis			1			1						49
	1	1	1	1						2		77
		2	6	8								69
			3	3								126
			2	2								55
eolaris			2	1		1						47
			4	2	2							131
	20	26	263	257	45				1		6	4.478
num	1		1		1	1						220
eum	2		8	6		1					3	646
ndens			1	1								7
es of this class		3		3								42
	81	125	936	901	101	19	18		2	6	95	31.936
s 2.—Diseases of												
ory system—												
ssels—												
s		1	2	1		1					1	140
etoris		1	6	2	2	2					1	203
rosis			3	2	1							241
tatio		1	2							3		5
ertrophia			2	2								99

9. *Detailed statement, 1910*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Con.												
Subsidiary class 2.—Diseases of the circulatory system—Con.												
A—Blood vessels—Contd.												
Cordis palpitatio	2	2	44	17	5	23	....	....	....	....	3	2
Cordis valvularum morbus	7	23	50	22	5	44	1	....	....	4	4	2
Embolismus	....	....	1	1	....	....	....	....	....	....	....	
Endocarditis	1	3	3	2	2	1	....	....	....	2	....	
Myocarditis	....	....	2	....	1	....	....	....	....	....	1	
Pericarditis	....	1	1	1	....	....	....	....	....	1	....	
Phlebitis	2	2	1	2	1	1	1	....	....	....	....	
Varix	5	2	42	33	7	2	1	....	....	....	6	1
B—Lymphatics—												
Lymphadenitis	4	5	51	51	4	1	....	....	....	....	4	2
Lymphangeitis	....	1	3	4	....	....	....	....	....	....	....	
Splenypertrophia	....	....	1	....	....	....	....	....	....	....	1	
Other diseases of this class	1	2	7	7	1	1	....	....	....	....	1	
Total	22	44	221	147	29	76	3	....	....	10	22	10
Subsidiary class 3.—Diseases of the respiratory system—												
Asthma	4	1	11	9	....	5	1	....	....	....	1	
Bronchopneumonitis	2	2	15	11	....	....	....	....	1	7	....	
Bronchitis acuta	9	11	118	119	10	....	....	....	1	....	8	2
Bronchitis chronica	4	13	85	59	18	10	2	....	....	....	13	3
Hemoptysis	....	....	6	4	2	....	....	....	....	....	....	
Laryngitis acuta	....	2	3	4	....	....	....	....	....	....	1	
Laryngitis chronica	2	....	5	5	....	....	....	....	....	....	2	
Edema pulmonalis	....	1	1	1	....	....	....	....	....	1	....	
Pleuritis acuta	6	10	40	42	8	....	....	....	1	....	5	2
Pleuritis chronica	1	5	17	13	4	3	....	....	....	....	3	1
Pleuritis purulenta	1	8	12	12	....	2	....	....	....	6	1	1
Other diseases of this class	....	1	....	....	....	....	....	....	....	....	1	
Total	29	54	313	279	42	20	3	....	3	14	35	12
CLASS IX:												
Diseases of the organs of locomotion—												
Ankylosis	1	5	6	....	3	6	....	....	....	....	3	
Arthritis	5	3	37	28	6	5	....	....	....	....	6	2
Arthritis deformans	....	1	1	....	1	1	....	....	....	....	....	
Bursitis	2	3	13	12	3	....	....	....	....	....	3	
Caries	....	....	2	1	1	....	....	....	....	....	....	
Contractura	....	....	3	1	1	1	....	....	....	....	....	
Gangræna	....	1	....	....	....	....	....	....	....	....	1	
Myalgia acuta	1	5	16	15	1	1	....	....	....	....	5	
Myalgia chronica	1	2	22	17	3	2	....	....	....	....	3	1
Necrosis	1	2	4	3	1	....	1	....	....	....	2	
Osteitis	2	1	3	3	3	....	....	....	....	....	....	
Osteomyelitis	2	2	2	2	1	1	....	....	....	1	1	
Periostitis	3	....	8	9	....	1	....	....	....	....	1	
Pes planus	6	12	61	17	8	47	....	....	....	....	7	2
Synovitis	3	1	26	22	2	3	....	....	....	....	3	1
Thecitis	1	1	1	1	1	....	....	....	....	....	1	
Other diseases of this class	....	1	4	1	1	2	....	....	....	....	1	
Total	28	40	209	132	36	70	1	....	....	1	37	12
CLASS X:												
Diseases of the skin and connective tissue—												
Abscessus	18	18	107	113	12	1	....	....	....	1	16	6
Acne	1	2	4	3	2	....	....	....	....	....	2	
Carbunculus	1	....	4	4	1	....	....	....	....	....	....	
Cellulitis	2	2	20	19	3	1	....	....	....	....	1	
Clavus	....	....	3	3	....	....	....	....	....	....	....	
Cutis fissuræ	....	1	....	1	....	....	....	....	....	....	....	
Dermatitis venenata	....	2	7	7	2	....	....	....	....	....	....	
Eczema	6	2	16	19	4	....	....	....	....	....	1	
Erythema	....	....	2	2	....	....	....	....	....	....	....	

9. *Detailed statement, 1910*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class X—Continued.												
Diseases of the skin and connective tissues—Continued.												
Furunculus		2	13	14			1					408
Herpes simplex		1	1	2								38
Herpes zoster		1	7	6	1						1	258
Impetigo contagiosa			4	3	1							196
Lichen		1	2	1							2	127
Paronychia			2	2								195
Pediculosis		1	1	1							1	12
Pemphigus			3	1	1						1	27
Pityriasis			2	2								90
Psoriasis		2	4	5							1	238
Scabies	11	6	137	141	2				1		10	3,141
Sclerodermia			1		1							4
Trichophytosis	1		13	11	1						2	590
Ulcus	6	3	35	30	4	3					7	1,916
Unguis involutus		4	15	18		1						364
Urticaria			1	1								24
Other diseases of this class		2	3	4	1							442
Total	46	50	407	413	36	6	1		1	1	45	17,433
Class XI:												
Venereal diseases—												
Adenitis inguinalis	23	13	171	153	8	1			2		43	9,536
Arthritis gonorrhoica	30	15	111	64	17	43	1				31	7,435
Chancroid	6	9	68	67	6						10	3,217
Epididymitis	11	8	87	82	6						18	4,412
Fistula urinalis	1	2	2	4		1						297
Gonorrhœa	47	104	300	360	18	14			5		54	18,143
Ophthalmia gonorrhoica	1	1	18	14	1	2					3	883
Orchitis	4	3	45	44		2					6	1,801
Prostatitis			11	8							3	312
Syphilis consecutiva	84	105	480	404	47	82	1		4	3	128	37,799
Syphilis primitiva	4	1	29	17	4	5					8	1,498
Urethræ strictura	3	2	21	19	3	2					2	1,243
Verruca acuminata	3		6	8	1							372
Other diseases of this class	1	1	5	4	2	1						252
Total	218	264	1,354	1,248	113	153	2		11	3	306	87,200
Class XII:												
Diseases of the genito-urinary apparatus (nonvenereal)—												
Balanitis		1	1	2								26
Calculus		2	3	3		1					1	183
Cystitis	1	2	21	16	1	2					5	855
Diuresis			1			1						29
Enuresis	1	5	7	4		7					2	305
Hematuria			5	4							1	82
Hydrocele	2	1	15	17		1						604
Nephritis acuta	7	4	17	20	1	3				3	1	1,679
Nephritis chronica	5	10	23	17	4	7	2			3	5	1,494
Nephrolithiasis	2	1	13	8	6	1	1					874
Paraphimosis	1		5	5							1	121
Perinephritis			1	1								13
Phimosis	1	3	43	43		1			1		2	1,229
Pyelitis	1	1	3	3		1				1		94
Urinæ incontinentia		1	5	1	1	2					2	253
Urinæ suppressio		1	1	1						1		13
Urinæ retentio			2	1	1							35
Varicocele	16	13	123	127	5	4			2		14	4,969
Other diseases of this class	1	4	6	8	1	1					1	446
Total	38	49	295	281	20	32	3		3	8	35	13,304
Class XIII:												
Cysts and new growths—												
Adenoma		1	2	1	1						1	154
Carcinoma		1	2	1	1						1	278
Chondroma		1	1	1	1							80
Cystis		2	10	10	2							624

9. *Detailed statement, 1910*—Continued.

NAVAL HOSPITALS AND HOSPITAL SHIPS—Continued.

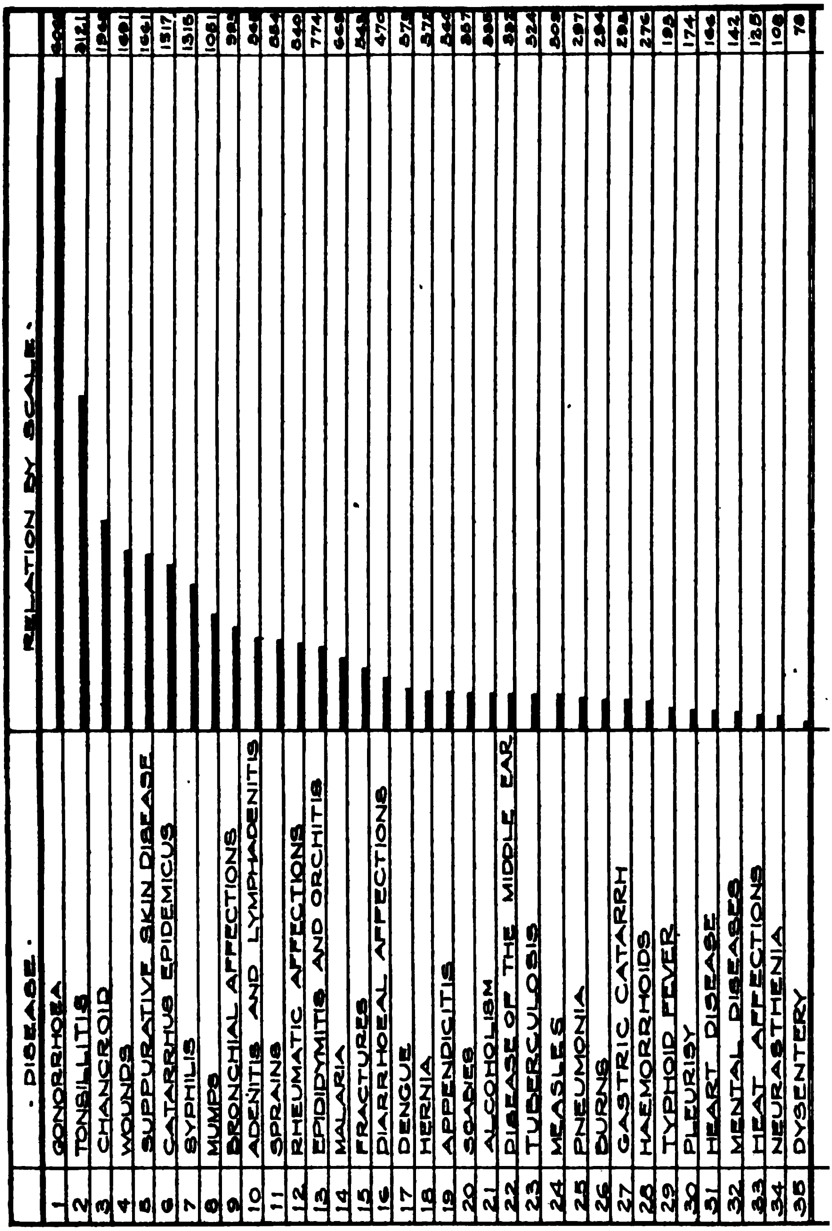
Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
Class XIII—Continued.												
Cysts and new growths—Contd.												
Epithelioma		2	6	3	3					1	1	426
Fibroma		1	4	5								58
Lipoma			4	4								79
Osteoma		1	4	3							2	431
Sarcoma	1	1	3	1	1					2	1	127
Other diseases of this class	1	1	5	3	1	2					1	507
Total	2	11	41	32	10	2				3	7	2,773
Class XIV:												
Injuries—												
Ambustio ex calore	3	2	31	23	8	1	1			1	2	1,164
Ambustio ex venenis	2		3	3	1	1						308
Ambustio ex X-radiore		1	1	1							1	63
Asphyxia			9	8						1		90
Asphyxia ex submersione			2							2		2
Cartilaginis intra-articularis dislocatio		1	5	2	1	2					1	263
Concussio		1	4	4	1							148
Contusio	4	7	43	44	4	2					4	1,646
Deformitas	5	18	84	42	7	41	3				14	4,578
Dislocatio	2	1	29	17	5	5					5	2,055
Fractura	34	8	165	143	12	13	4		1	3	31	10,941
Hernia	38	25	308	262	20	27	12		1		49	15,943
Membri clades	2	2	9	3	2	4	1				3	1,305
Visceris ruptio			2	1						1		29
Solis ictus			2	2								18
Stremma	5	6	51	53		2					7	1,718
Virium defectio			1		1							23
Vulnus contusum	1	5	8	13							1	158
Vulnus incisum		2	16	17							1	602
Vulnus infectum	3	3	39	35	1	1					8	1,921
Vulnus laceratum	9	7	56	43	8	11			1	1	8	3,644
Vulnus punctum	2	3	8	13								484
Vulnus sclopeticum	2	2	23	13	3	1				2	8	1,062
Other diseases of this class			2	1							1	22
Total	112	94	901	743	74	111	21		3	11	144	48,186
Class XV:												
Extraneous bodies—												
Corpus extraneum			4	4								95
Class XVI:												
Poisons—												
Alcoholismus		12	79	76	1	5	1			1	7	901
Venenum neuroticum		7	23	17	2	11						719
Vulnus venenatum		2	4	5	1							66
Other diseases of this class			2			2						32
Total		21	108	98	4	18	1			1	7	1,696
Class XVII:												
Feigned diseases—												
Dementia			1	1								18
Insanity			1	1								4
Total			2	2								22
Grand total	773	1,231	7,958	6,772	989	832	90	50	42	114	1,073	349.590

10. *Report of vaccinations in the Navy and Marine Corps for the year 1910.*

Classification.	Successful.	Unsuccessful.	Undetermined.	Percentage of success.[1]
Class I.—No evidence of previous vaccination	3,036	2,361	788	56.25
Class II.—Evidence of previous vaccination	8,546	15,935	2,352	34.91
Class III.—Evidence of having had smallpox	47	298	29	13.62
	11,629	18,594	3,169	38.40

[1] Based upon results that were determined.

11. PREVALENCE OF SPECIAL DISEASES AND INJURIES IN THE NAVY AND MARINE CORPS DURING YEAR 1910.



12. *Mortuary record for the Navy and Marine Corps for the year 1910.*

Cause of death.	Hospitals and hospital ships.	Yards, barracks, stations, receiving and station ships.	Afloat (cruising ships).	Elsewhere.[1]
Abscessus	1			
Alcoholismus	1	2	1	
Ambustio ex calore	1	1	4	
Anemia chronica splenica			1	
Angina pectoris			1	
Apoplexia	1		1	
Appendicitis	1	2		
Arteriosclerosis			1	
Asphyxia	1		5	2
Asphyxia ex submersione	2	14	61	32
Bronchopneumonitis	7	3		
Cholera asiatica		1		
Chorea	1			
Cordis dilatatio	3	1	2	
Cordis valvularum morbus	4	3	1	
Dementia	1			3
Diabetes mellitus	1			
Dysenteria infectiva (bacillary)	2			
Endocarditis	2		1	
Epilepsia	1			
Epithelioma	1			
Febris cerebrospinalis		1		
Febris pneumonica	16	1	8	
Febris typhoides	7		2	1
Fractura	3	2	6	
Hemoptysis			1	
Hemiplegia	1			
Hepatitis chronica	1			
Hepatitis suppurativa	1			
Icterus gravis (Weil's disease)	1			
Intestini recti strictura	1			
Mania	1			
Mastoiditis	1			
Membri clades			5	
Meningitis	2	1		
Nephritis acuta	3	1		
Nephritis chronica	3	2	1	1
Edema pulmonalis	1			1
Osteomyelitis	1			
Paraplegia	1			
Pericarditis	1			
Peritonitis	2	2	4	
Pleuritis purulenta	6	1		
Pyemia	2			
Pyelitis	1			
Sarcoma	2			
Scarlatina	1			
Septicemia	2			
Syphilis consecutiva	3	1		
Tetanus			1	
Tuberculosis miliaris acuta	1			1
Tuberculosis pneumonica	12	4	1	25
Tuberculosis of other parts	1			
Urinæ suppressio	1			
Variola			5	
Venenum irritans		1		
Venemum neuroticum		2	3	1
Visceris ruptio	1			
Vulnus contusum		1	2	
Vulnus incisum			1	
Vulnus laceratum	1		1	1
Vulnus punctum		1		
Vulnus sclopeticum	2	7	5	1
Total	114	55	125	[1] 69

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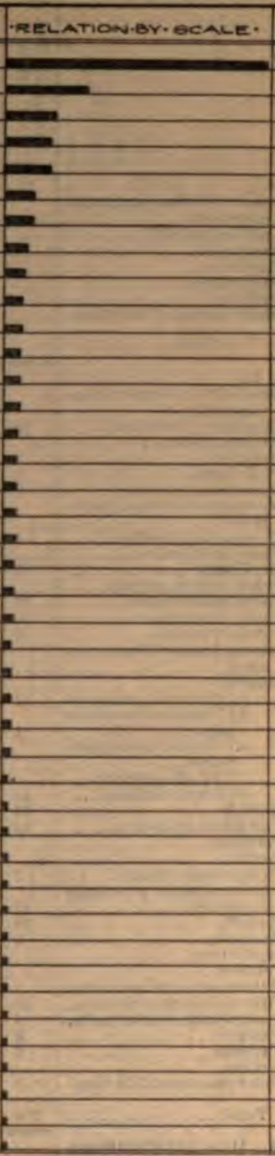
[1] Adding the 27 deaths at the Naval Sanatorium for Tuberculosis, Las Animas, Colo., and the 6 deat the Government Hospital for the Insane to the 330 deaths in the naval service, a total of 363 deaths f year 1910 is obtained.

[2] Includes deaths at the Naval Sanatorium for Tuberculosis, Las Animas, Colo., the Government pital for the Insane, recruiting parties, and those stations and ships from which no statistical retur received.

S IN THE NAVY AND MARINE CORPS DURING THE YEAR 1910.

ERAGE STRENGTH, 58,340. RATIO PER 1,000 OF STRENGTH, 6*,



·CAUSES·OF·DEATH·	·RELATION·BY·SCALE·	
ING		109
ONIA		35
OT WOUNDS		20
DISEASES		19
CULOSIS		19
MMATION OF KIDNEYS		12
TURES		11
ID FEVER		10
ONITIS		8
DS		7
RISY, PURULENT		7
YXIA		6
S		6
, NEUROTIC		6
POX		5
OUS DISEASES		4
LIS		4
HOLISM		4
POISONING		4
NDICITIS		3
GITIS		3
ER		3
L DISEASES		2
MMATION OF LIVER		2
LEXY		2
NTERY		2
ESS OF BRAIN		2
ESTION OF THE LUNGS(EDEMA)		1
NIC ANAEMIA (SPLENIC)		1
RIO-SCLEROSIS		1
ERA		1
TES		1
BRO-SPINAL MENINGITIS		1
ORRHAGE (FROM LUNG)		1
CTURE OF BOWEL		1
OSIS OF BONE		1
LET FEVER		1
NUS		1
URED ORGANS		1
R ABSCESS		1
RESSION OF URINE		1
ANT POISON		1
DEATHS IN SERVICE.		330

14. *Detailed statement, 1910.*

DISEASE AND INJURY IN THE ENTIRE SERVICE.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class I:												
Parasitic infections (animal)—												
Amoebiasis		3		3								
Ankylostomiasis		55		54							1	
Ascariasis		16		16								
Filariasis		13		12							1	
Oxyuriasis		1		1								
Teniasis		22		22								
Other diseases of this class		17		16							1	
Total		127		124							3	
Class II:												
General infective diseases (non-venereal)—												
Catarrhus epidemicus	19	1,517		1,519							17	7
Cholera asiatica		5		4						1		
Denguis	3	373		367							9	2
Diphtheria	3	109		106					2		4	3
Dysenteria amebica	7	33		31		5					4	2
Dysenteria infectiva (bacillary)		14		10						2	2	
Dysenteria (undefined)	1	31		30							2	
Enteritis infectiva		11		11								
Erysipelas	2	18		20								
Febris cerebrospinalis		6		5						1		
Febris pneumonica	16	266		232					1	25	24	9
Febris rheumatica	24	346		337		13			1		19	10
Febris tyhpoides	20	193		165					2	9	37	9
Icterus gravis (Well's disease)		6		5						1		
Malaria—												
(*a*) Cachexia malarialis	1	29		30								
(*b*) Febris estive-autumnalis	1	61		53		1					8	1
(*c*) Febris hemoglobinurica		7		7								
(*d*) Febris quartana		9		9								
(*e*) Febris tertiana	16	563		571					1		7	5
Morbilli	13	310		322							1	9
Parotiditis epidemica	13	1,051		977					1		86	19
Pertussis		2		2								
Pyemia		3		1						2		
Pyrexia ortus incerti	7	148		150							5	1
Rheumatismus articularis chronicus	12	152		127		23					14	5
Rubella	10	315		306							19	4
Scarlatina	6	32		36						1	1	1
Septicemia		10		7						2	1	
Tetanus		1								1		
Tuberculosis milliaris acuta		1								1		
Tuberculosis pneumonica	26	307		53		[1] 229				17	34	11
Tuberculosis of other parts	2	16		11		[2] 4				1	2	
Vaccinia	2	229		231								1
Varicella	4	44		45							3	
Variola		16		11						5		
Other diseases of this class	1	216		216		1						
Total	209	6,450		6,007		276			8	69	299	111
Class III.—Constitutional Disorders of Nutrition:												
Subsidiary class 1.—General diseases of nutrition—												
Diabetes insipidus		3		1		2						
Diabetes mellitus		13		7		1				1	4	
Hemophilia		2		2								
Lithemia		9		8							1	

[1] Two hundred three cases sent to the Las Animas Hospital are regarded as "Invalided from service."

[2] Three cases sent to Las Animas Hospital are regarded as "Invalided from the service."

14. *Detailed statement, 1910*—Continued.

SEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

s.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
STITUTIONAL OF NUTRI- ned.												
1.—General nutrition—												
thenia		1									1	66
		5		4							1	163
of this class		1	2		3							165
2—Diseases												
ica splenica		1								1		26
riosa		3		1							2	137
ex		18		16		1					1	881
ia	1										1	363
of this class		1		1								5
3—Diseases glands—												
		15		9		6						580
of this class		2		1		1						72
	2	75		53		11				2	11	3,402
rvous system—												
		6		3						2	1	241
		3		2		1						189
	1	261		255		2			1		4	1,303
	2	3		2		2				1		137
	4	77		10		25		36	1	1	8	2,256
		3		2		1						201
	5	106		43		59				1	8	2,367
ca		26		26								97
	2	9		1		6				1	3	756
	1	20		20		1						247
	2	11		5		2		3		1	2	277
	3	37		12		8		15	1		4	1,089
		10		5						3	2	163
		4		3							1	198
		5		2		1					2	349
a	1	58		51		7					1	468
	1	92		92		1						551
	8	108		76		28			1		11	4.409
		36		29		2					5	1,181
plex		4		3							1	199
		3		3								20
spasticum		4		3							1	136
o-labio-laryn-		1		1								7
anorum gen-		2		1				1				43
	1	15		5		5		6				487
	1	1				1				1		255
rmica		82		81		1						237
	2	18		19		1						689
alis lateralis ca		2		2								26
alis posterior	1	6		3		1					3	434
smodica		4		4								23
	1	46		39		5					3	715
of this class	3	54		26		24		4	2		1	1,012
	39	1,117		829		184		65	6	11	61	20,762
visual appa-												
a		29		2		24					3	331
		3				2					1	139
	1	16		12		5						369
		104		96		7					1	742

14. *Detailed statement, 1910*—Continued.

DISEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided. To hospital.	Invalided. From service.	Invalided. On leave.	Invalided. To Hospital for Insane.	Deserted.	Died.	Continued to next year.	Total number of sick days.
Class V—Continued.												
Diseases of the visual apparatus—Continued.												
Astigmatismus	4	88		70		22						826
Blepharitis		7		7								80
Cataracta		6		2		4						187
Chalazion		6		6								23
Choroiditis		8		7		1						214
Conjunctivitis	6	236		233		1					8	1,806
Corneæ ulcus	1	21		20		1					1	343
Dacryocystitis		3		3								176
Glaucoma		1				1						179
Hordeolus		23		23								44
Hypermetropia	1	36		25		12						396
Iritis	3	56		55		1			1		2	1,294
Keratitis		21		17		4						563
Leucoma		3		2		1						96
Myopia	2	37		16		22			1			811
Neuritis optica	3	4		3		4						347
Obstructio lacrimalis	1			1								51
Panophthalmitis		4		3							1	99
Pterygium	1	30		28		1					2	751
Ptosis		1		1								1
Retinitis	1	13		7		5					2	609
Sclerotitis		3		3								59
Synechia		2				2						215
Trachoma	1	10		2		7					2	606
Other diseases of this class		10		6		3					1	303
Total	25	781		650		130			2		24	11,658
Class VI:												
Diseases of the auditory apparatus—												
Mastoiditis	2	20		18		2				1	1	697
Myringitis		2		2								42
Membranæ tympani ruptio		25		21		4						251
Otalgia		17		17								76
Otitis externa	3	74		76							1	674
Otitis media	15	333		251		77			2		18	7,641
Surditas	3	73		29		41			2		4	1,959
Vertigo (auralis)		2		2								2
Other diseases of this class		1		1								1
Total	23	547		417		124			4	1	24	11,343
Class VII:												
Diseases of the olfactory apparatus—												
Antri abscessus		7		7								23
Catarrhus æstivus		1		1								63
Rhinitis acuta	1	54		55								244
Rhinitis chronica	2	32		12		14					8	1,350
Other diseases of this class		11		11								282
Total	3	105		86		14					8	1,962
Class VIII—Diseases of the Nutritive Apparatus:												
Subsidiary class 1.—Diseases of the digestive system—												
Adenitis salivosa		1		1								7
Ani prolapsio		1				1						6
Ani rhagades		6		6								70
Appendicitis	37	360		348		2				3	44	13,452
Catarrhus gastricus acutus	1	236		232					1		4	1,412
Catarrhus gastricus chronicus	2	57		47		5					7	2,654
Catarrhus intestinalis acutus	4	459		463								2,025
Catarrhus intestinalis chronicus	2	11		10		2					1	493

14. *Detailed statement, 1910*—Continued.

DISEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII—DISEASES OF THE NUTRITIVE APPARATUS—Continued.												
Subsidiary class 1.—Diseases of the digestive system—Continued.												
Cholangeitis		11		10		1						145
Cholecystitis	2	22		22							2	890
Cholelithiasis		7		5							2	144
Colica	2	354		355							1	966
Colitis		24		24								365
Constipatio	1	193		191		1					2	792
Dentis caries		46		24		22						394
Dyspepsia nervosa	1	16		16							1	258
Enteritis	2	94		96								435
Fistula in ano	3	30		28		1					4	1,810
Gastralgia		15		15								78
Gastrectasis		2		1		1						53
Gastroptosis		1		1								26
Glossitis		1		1								7
Hematemesis		1		1								8
Hemorrhois	15	276		264		4					23	4,792
Hepatis congestio		21		20							1	214
Hepatitis acuta		3		3								16
Hepatitis chronica	1	5		4		1				1		625
Hepatitis suppurativa	1									1		148
Hypertrophia tonsillaris	1	36		32		2					3	662
Icterus	2	163		160							5	2,364
Intestini recti strictura		1								1		149
Obstructio intestinalis	1	9		9							1	693
Esophagostenosis		1				1						50
Parulis		5		5								10
Periproctitis		1		1								4
Peritonitis	1	8		1						8		125
Pharyngitis		58		58								273
Proctitis		5		5								149
Psilosis		1		1								56
Pyorrhea alveolaris	1	7		7		1						146
Stomatitis		13		13								199
Tonsillitis	60	3,121		3,149		1			1		30	16,445
Ulcus duodenum	1					1						220
Ulcus gastricum	2	10		8		1					3	788
Uvula descendens		2		2								9
Other diseases of this class		26		23		1					2	142
Total	143	5,720		5,662		49			2	14	136	54,767
Subsidiary class 2.—Diseases of the circulatory system—												
A—Blood vessels—												
Aneurysma		3		1		1					1	140
Angina pectoris		7		3		2				1	1	220
Arteriosclerosis		7		6						1		291
Cordis dilatatio		7				1				6		58
Cordis hypertrophia		9		8		1						151
Cordis palpitatio	4	73		46		27					4	2,490
Cordis valvularum morbus	10	143		42		97				8	6	3,748
Embolismus		1		1								53
Endocarditis	1	9		5		1				3	1	204
Myocarditis		3		1		1					1	317
Pericarditis		4		3						1		47
Phlebitis	2	9		10		1						151
Thrombosis		1		1								8
Varix	5	44		37		5					7	1,800
B—Lymphatics—												
Lymphadenitis	10	170		172		1					7	4,618
Lymphangeitis		25		25								160
Splenypertrophia		1									1	20
Other diseases of this class	1	7		5		2					1	336
Total	33	523		366		140				20	30	14,812

14. *Detailed statement, 1910*—Continued.

DISEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS VIII.—DISEASES OF THE NUTRITIVE APPARATUS—Continued.												
Subsidiary class 3.—Diseases of the respiratory system—												
Asthma	4	22		18		7					1	906
Bronchopneumonitis	3	31		23					1	10		631
Bronchitis acuta	21	871		871					1		20	7,345
Bronchitis chronica	5	122		97		16					14	4,582
Hemoptysis	1	11		11						1		122
Hemothorax		3		3								5
Laryngitis acuta	1	65		64							2	441
Laryngitis chronica	2	4		4							2	264
Edema pulmonalis		2		1						1		29
Pleuritis acuta	11	133		137					1		6	3,178
Pleuritis chronica	1	26		21		3					3	1,264
Pleuritis purulenta	2	15		7		2				7	1	1,324
Other diseases of this class		6		5							1	136
Total	51	1,311		1,262		28			3	19	50	20,208
CLASS IX:												
Diseases of the organs of locomotion—												
Ankylosis	1	17		6		9					3	673
Arthritis	9	98		94		7					6	3,096
Arthritis deformans		1				1						80
Bursitis	3	43		42							4	1,066
Caries		4		3		1						179
Contractura		6		5		1						188
Ganglion		5		4							1	41
Gangrena		2				1					1	47
Myalgia acuta	5	301		296		1					9	2,110
Myalgia chronica	1	41		35		3					4	1,435
Necrosis	1	6		4							3	391
Osteitis	2	4		6								400
Osteomyelitis	2	6		5		1				1	1	884
Periostitis	4	25		26		1					2	998
Pes planus	7	220		69		147					11	4,237
Synovitis	5	109		108		3					3	2,608
Thecitis	3	14		15		1					1	336
Other diseases of this class		6		3		2					1	359
Total	43	908		721		179				1	50	19,127
CLASS X:												
Diseases of the skin and connective tissue—												
Abscessus	37	885		890		2				1	29	12,774
Acne	1	9		6		2					2	376
Carbunculus	3	43		45							1	425
Cellulitis	4	271		266		1					8	3,069
Clavus		35		32		3						331
Cutis fissuræ		4		4								46
Dermatitis venenata	1	44		45								405
Dysidrosis		4		4								12
Ecthyma		4		4								27
Eczema	8	79		84		2					1	1,764
Erythema		15		15								100
Furunculus	1	357		355							3	2,222
Herpes simplex		15		15								101
Herpes zoster		34		33							1	302
Impetigo contagiosa	1	15		16								318
Lichen		7		5							2	170
Miliaria papulosa		5		5								73
Onychia	1	7		8								66
Paronychia		35		34							1	580
Pediculosis		11		10							1	49
Pemphigus		5		4							1	82
Pernio		2		2								11
Pityriasis		5		5								94
Pruritus	1	2		3								138

14. *Detailed statement, 1910*—Continued.

DISEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
Class X—Continued.												
Diseases of the skin and connective tissue—Contd.												
Psoriasis		11		10							1	302
Scabies	12	357		351					2		16	4,674
Sclerodermia		1		1								4
Trichophytosis	1	51		50							2	797
Ulcus	9	105		99		4					11	3,249
Unguis involutus	2	159		158		2					1	1,499
Urticaria		26		26								145
Verruca		19		19								124
Other diseases of this class		13		13								516
Total	82	2,635		2,617		16			2	1	81	34,846
Class XI:												
Venereal diseases—												
Adenitis inguinalis	45	695		679		2			2		57	19,336
Arthritis gonorrhoica	42	180		140		49					33	9,986
Chancroid	22	1,968		1,966		1					23	9.975
Epididymitis	21	424		417							28	9,141
Fistula urinalis	1	4		4		1						297
Gonorrhea	71	6,062		6,037		17			5		74	31,813
Ophthalmia gonorrhoica	1	36		31		2					4	1,345
Orchitis	12	350		347		2					13	5,463
Prostatitis		41		36							5	555
Syphilis consecutiva	94	1,150		986		108			4	4	142	45,760
Syphilis primitiva	6	165		153		6					12	2,133
Urethræ strictura	3	36		35		2					2	1,413
Verruca acuminata	3	27		30								467
Other diseases of this class	1	9		8		1					1	308
Total	322	11,147		10,869		191			11	4	394	137,992
Class XII:												
Diseases of the genito-urinary apparatus (nonvenereal)—												
Balanitis		23		23								129
Calculus		8		6		1					1	228
Cystitis	3	66		61		2					6	1,499
Diuresis		3		2		1						35
Enuresis	1	30		9		20					2	520
Glandulæ prostatæ hypertrophia		2		2								58
Hematuria	1	9		9							1	274
Hydrocele	2	31		32		1						943
Nephritis acuta	7	32		30		3				4	2	1,967
Nephritis chronica	5	44		28		8				6	7	1,677
Nephrolithiasis	2	16		17		1						946
Nephroptosis		3		3								21
Paraphimosis	1	19		17							3	240
Perinephritis		1		1								26
Phimosis	3	307		300		1			1		8	3,235
Pyelitis	1	7		5		1				1	1	129
Urethritis simplex		3		3								7
Urinæ incontinentia		9		5		2					2	318
Urinæ suppressio		2		1						1		14
Urinæ retentio		6		6								43
Varicocele	16	202		193		9			2		14	6,014
Other diseases of this class	1	40		38		2					1	689
Total	43	863		791		52			3	12	48	19,012
Class XIII:												
Cysts and new growths—												
Adenoma		6		5							1	172
Angioma		2		2								30
Carcinoma		3		2							1	291
Chondroma		2		2								89
Cystis		40		39							1	809
Epithelioma		8		6						1	1	430
Fibroma		12		12								126

14. *Detailed statement, 1910*—Continued.

DISEASE AND INJURY IN THE ENTIRE SERVICE—Continued.

Diseases.	Remaining from last year.	Admitted.	Readmitted.	Discharged to duty.	Invalided.				Deserted.	Died.	Continued to next year.	Total number of sick days.
					To hospital.	From service.	On leave.	To Hospital for Insane.				
CLASS XIII—Continued.												
Cysts and new growths—Con.												
Lipoma		13		13								157
Myxoma		1		1								2
Osteoma		5		3							2	432
Sarcoma	1	3		1						2	1	161
Other diseases of this class	1	11		9		2					1	569
Total	2	106		95		2				3	8	2,268
CLASS XIV:												
Injuries—												
Abrasio		77		76		1						396
Ambustio ex calore	6	257		246		1				6	10	3,061
Ambustio ex electricitate		10		10								46
Ambustio ex frigore		10		8		1					1	168
Ambustio ex venenis	2	14		15		1						352
Ambustio ex X-radiore		3		2							1	74
Asphyxia		19		13						6		110
Asphyxia ex submersione		81		4						77		86
Cartilaginis intraarticularis dislocatio		9		6		2					1	304
Concussio		36		35							1	345
Contusio	14	831		826		4					15	6,641
Deformitas	7	179		75		96			1		14	5,928
Dislocatio	4	109		100		6					7	2,943
Fractura	53	543		517		15			1	11	52	18,678
Hernia	42	372		309		51			2		52	17,828
Ictus electricus		2		2								7
Membri clades	3	27		15		7				5	3	1,723
Visceris ruptio		2		1						1		31
Solis ictus		17		17								57
Stremma	17	854		852		3					16	7,208
Virium defectio		2		1		1						86
Vulnus contusum	3	192		185						3	7	1,484
Vulnus incisum	2	232		229					1	1	3	2,102
Vulnus infectum	11	444		442		1					12	5,175
Vulnus laceratum	27	618		614		11			1	2	17	9,189
Vulnus punctum	3	108		110						1		1,116
Vulnus sclopeticum	2	'44		22		2				14	8	1,212
Other diseases of this class	1	6		5		1					1	36
Total	197	5,098		4,737		204			6	127	221	86.326
CLASS XV:												
Extraneous bodies—												
Corpus extraneum		27		27								206
CLASS XVI:												
Poisons—												
Alcoholismus	1	335		318		6				4	8	1,720
Venenum irritans		21		20						1		170
Venenum neuroticum	1	65		46		15				5		886
Vulnus venenatum		24		24								223
Other diseases of this class		15		12		3						83
Total	2	460		420		24				10	8	3,082
CLASS XVII:												
Feigned diseases—												
Blindness		1		1								2
Dementia		1		1								18
Insanity		1		1								4
Not specified		1		1								3
Total		4		4								27
Grand total	1,219	38,004		35,737		[1] 1,624		65	47	294	1,456	556,084

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[1] Includes 206 patients sent to tuberculosis sanitarium at Las Animas, Colo., regarded as "Invalided from the service."

15. *International nomenclature.*

FOR COMPARISON OF INTERNATIONAL NAVAL MEDICAL RETURNS THE TOTAL AMOUNT OF DISEASE AND INJURY IN THE NAVY DURING THE YEAR 1910, IN TERMS OF THE OFFICIAL ENGLISH TRANSLATION OF THE INTERNATIONAL NOMENCLATURE, IS GIVEN.

International numbers.	Diseases and causes of death.	Remaining from last year.	Admitted.	Discharged to duty.	Invalided.			Died.	Continued to next year.	Total sick days, including officers' sick leave.
					From service.	Hospital for tuberculosis.	Government Hospital for Insane.			
1	Typhoid fever	20	194	167				10	37	9,471
4	Malaria	18	669	671	1				15	7,168
5	Smallpox		16	11				5		482
6	Measles	13	310	322					1	9,972
7	Scarlet fever	6	32	36				1	1	1,652
8	Whooping cough		2	2						54
9	Diphtheria and croup	3	109	108					4	3,205
10	Influenza	19	1,517	1,519					17	7,035
12	Cholera asiatica		5	4				1		62
14	Dysentery	8	81	74	5			2	8	3,857
18	Erysipelas	2	18	20						352
19	Other epidemic diseases	32	2,025	1,939					118	29,612
20	Purulent infection and septicemia	11	457	450	1			4	13	5,507
24	Tetanus		1					1		1
28	Tuberculosis of the lungs	26	307	53	26	203		17	34	11,407
29	Acute miliary tuberculosis		1					1		30
34	Tuberculosis of other organs	2	16	11	1	3		1	2	476
37	Syphilis	100	1,315	1,143	114			4	154	47,984
38A	Soft chancre	67	2,663	2,647	3				80	29,311
38B	Gonococcus infection	152	7,142	7,060	74				160	60,321
44	Cancer and other malignant tumors of the skin		8	6				1	1	430
45	Cancer and other malignant tumors of other organs and of organs not specified	1	6	3				2	2	452
46	Other tumors (tumors of the female generative organs excepted)	1	87	83	2				3	1,964
47	Acute articular rheumatism	24	346	338	13				19	10,384
48	Chronic rheumatism and gout	12	162	135	24				15	5,975
50	Diabetes		13	7	1			1	4	829
51	Exophthalmic goiter		15	9	6					580
53	Leukemia	1	1						2	429
54	Anemia, chlorosis		22	17	1			1	3	1,043
55	Other general diseases	2	231	228	4				1	1,165
56	Alcoholism (acute or chronic)	1	335	318	6			4	8	1,720
59	Other chronic poisonings	1	60	46	15					881
60	Encephalitis		3	2	1					201
61	Simple meningitis		10	5				3	2	163
61a	*Including* cerebrospinal fever		6	5				1		165
62	Locomotor ataxia	1	6	3	1				3	434
63	Other diseases of the spinal cord		8	5	1				2	382
64	Cerebral hemorrhage, apoplexy		6	3				2	1	241
66	Paralysis without specified cause	3	14	4	7			2	4	1,209
67	General paralysis of the insane		2	1			1			43
68	Other forms of mental alienation	10	143	37	40		60	2	14	4,129
69	Epilepsy	5	106	43	59			1	8	2,367
72	Chorea	2	3	2	2			1		137
73B	Neuralgia and neuritis	3	150	143	4				6	2,620
74	Other diseases of the nervous system	14	496	425	61		4		20	8,434
75B	Trachoma	1	10	2	7				2	606
75C	Other diseases of the eyes and their annexa	24	771	650	123				22	11,194
76	Diseases of the ears	21	527	403	122				23	10,806
77	Pericarditis		4	3				1		47
78	Acute endocarditis	1	12	6	2			3	2	521
79	Organic diseases of the heart	10	159	50	99			14	6	4,079
80	Angina pectoris		7	3	2			1	1	220
81	Diseases of the arteries, atheroma, aneurysm, etc		10	7	1			1	1	431
82	Embolism and thrombosis		2	2						61
83	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)	38	531	506	19				44	12,866
84	Diseases of the lymphatic system (lymphangitis, etc.)	10	195	197	1				7	4,778
85	Hemorrhage; other diseases of the circulatory system	5	80	51	29				5	2,826
86	Diseases of the nasal fossæ	3	104	85	14				8	1,899
87	Diseases of the larynx	3	69	68					4	705
89	Acute bronchitis	21	871	872					20	7,345
90	Chronic bronchitis	5	122	97	16				14	4,642

15. *International nomenclature*—Continued.

FOR COMPARISON OF INTERNATIONAL NAVAL MEDICAL RETURNS THE TOTAL AMOUNT OF DISEASE AND INJURY IN THE NAVY DURING THE YEAR 1910, IN TERMS OF THE OFFICIAL ENGLISH TRANSLATION OF THE INTERNATIONAL NOMENCLATURE, IS GIVEN—Continued.

International numbers.	Diseases and causes of death.	Remaining from last year.	Admitted.	Discharged to duty.	Invalided.			Died.	Continued to next year.	Total sick days, including officers' sick leave.
					From service.	Hospital for tuberculosis.	Government Hospital for Insane.			
91	Bronchopneumonia	3	31	24				10		631
92	Pneumonia	16	266	233				25	24	9,977
93	Pleurisy	14	177	169	5			7	10	5,756
94	Pulmonary congestion, pulmonary apoplexy		2	1				1		29
96	Asthma	4	22	18	7				1	998
98	Other diseases of the respiratory system (tuberculosis excepted)	1	18	17				1	1	321
99A	Diseases of the teeth and gums	1	58	36	23					550
99B	Other diseases of the mouth and annexa		15	15						213
100	Diseases of the pharynx	61	3,217	3,242	3				33	17,389
101	Diseases of the esophagus		1		1					50
102	Ulcer of the stomach	3	10	8	2				3	1,008
103	Other diseases of the stomach (cancer excepted)	4	328	314	6				12	4.819
105	Diarrhea and enteritis (two years and over)	10	953	959	2				2	4,428
106	Ankylostomiasis		55	54					1	285
107	Intestinal parasites		56	55					1	288
108	Appendicitis	37	360	348	2			3	44	13,900
109	Hernias, intestinal obstructions	43	381	320	51				53	18,811
110A	Diseases of the anus and fecal fistulas	3	42	40	1				4	2,033
110B	Other diseases of the intestine	1	196	192	2			1	2	1,003
111	Acute yellow atrophy of the liver		6	5				1		119
113	Cirrhosis of the liver	1	5	4	1			1		625
114	Biliary calculi		7	5					2	188
115	Other diseases of the liver	5	220	215	1			1	8	3,777
116	Diseases of the spleen		1						1	20
117	Simple peritonitis (nonpuerperal)	1	8	1				8		125
118	Other diseases of the digestive system (cancer and tuberculosis excepted)		26	23	1				2	142
119	Acute nephritis	7	32	30	3			4	2	1,967
120	Bright's disease	5	47	29	8			8	7	1,867
122	Other diseases of the kidneys and adnexa	2	23	20	2			1	2	485
123	Calculi of the urinary passages	2	24	23	2				1	1,235
124	Diseases of the bladder	4	111	81	24				10	2,380
125	Diseases of the urethra, urinary abscess, etc		3	3						7
126	Diseases of the prostate		2	2						58
127	Nonvenereal diseases of the male genital organs	4	113	110	3				4	2,001
142	Gangrene		2		1				1	47
143	Furuncle	4	400	400					4	2,718
144	Acute abscess	41	1,156	1,156	3			1	37	15,843
145A	Trichophytosis	1	51	50					2	797
145B	Scabies	12	357	353					16	4,674
145C	Other diseases of the skin and adnexa	27	696	688	13				22	11,331
146	Diseases of the bones (tuberculosis excepted)	11	70	65	5			2	9	4,072
147	Diseases of the joints (tuberculosis and rheumatism excepted)	15	224	208	19				12	6,376
149	Other diseases of the organs of locomotion	19	640	473	155				31	9,795
150	Congenital malformations (stillbirths not included)	3	307	301	1				8	3,235
155	Suicide by poison		4					4		4
156	Suicide by asphyxia		2					2		2
157	Suicide by hanging or strangulation		2					2		2
158	Suicide by drowning		3					3		3
159	Suicide by firearms		9					9		9
165A	Venomous bites and stings		24	24						223
165B	Other acute poisonings		37	31	3			3		255
167	Burns (conflagration excepted)	8	274	263	2			6	11	3,548
168	Absorption of deleterious gases (conflagration excepted)		4	1				3		79
169	Accidental drowning		106					106		106
170	Traumatism by firearms	2	40	22	2			9	9	1,206
171	Traumatism by cutting or piercing instruments	5	338	340					3	3,216

15. *International nomenclature*—Continued.

FOR COMPARISON OF INTERNATIONAL NAVAL MEDICAL RETURNS THE TOTAL AMOUNT OF DISEASE AND INJURY IN THE NAVY DURING THE YEAR 1910, IN TERMS OF THE OFFICIAL ENGLISH TRANSLATION OF THE INTERNATIONAL NOMENCLATURE, IS GIVEN—Continued.

International numbers.	Diseases and causes of death.	Remaining from last year.	Admitted.	Discharged to duty.	Invalided.			Died.	Continued to next year.	Total sick days, including officers' sick leave.
					From service.	Hospital for tuberculosis.	Government Hospital for Insane.			
172	Traumatism by fall		1					1		1
174	Traumatism by machines		1					1		1
175	Traumatism by other crushing (railroad).		1					1		1
177A	Overexertion		2	1	1					86
178	Excessive cold		12	10	1				1	119
179	Effects of heat		125	124	1					391
181	Electricity (lightning excepted)		12	12						53
182	Homicide by firearms		3					3		3
183	Homicide by cutting or piercing instruments		2					2		2
184	Homicide by other means		2					2		2
185A	Dislocations	4	118	106	8				8	3,247
185B	Sprains	17	854	852	3				16	7,208
185C	Fractures (cause not specified)	53	542	518	15			10	52	18,861
186	Other external violence	55	2,002	1,880	120				57	26,002
189A	Disease not specified or ill defined	8	206	201	7				6	1,585
189B	No disease (feigned disease)		4	4						27
	Total	1,219	38,004	35,784	1,418	206	65	330	1,456	559,958

The combined forms K show 294 deaths, while this complete return gives 330 deaths. Thirty-six deaths occurred in the service at various places from which no returns were received; they are included here and are as follows: Thirty-two deaths due to accidental drowning, 31 occurred when the tug Nina was lost at sea and 1 happened on the tug Potomac; 1 death from typhoid fever occurred while the man was on duty at the recruiting office, Pittsburgh, Pa.; 1 death from chronic nephritis at Hot Springs, Ark.; 1 suicide by poison at the recruiting office, Lima, Ohio; and 1 suicide by firearms at the recruiting office, Syracuse, N. Y.

16. *Table to show distribution of disease among occupational groups of the*

Classes (and rate per 1,000 of personnel in each occupation).	Officers.		Artificers.				Miscellaneous force.	
	Navy and Marine Corps.	Midshipmen (undergraduate).	Electricians.	Engine-room force.	Fire-room force.	All others.	Clerical force.	Commissary and messmen branches.
Number in service June 30, 1910	3,362	760	1,762	2,866	9,983	1,235	1,166	3,307
ADMISSIONS.[1]								
Alcoholism	6	2	2	35	64	12	16	9
Rate	1.78	2.63	1.13	12.22	6.41	9.71	13.72	2.72
Appendicitis and peritonitis	32	9	9	22	70	12	8	20
Rate	9.51	11.84	5.10	7.67	7.01	9.71	6.86	6.04
Contagious diseases	277	317	133	196	1,121	101	121	223
Rate	82.39	417.10	75.48	68.38	112.29	81.78	103.77	67.43
Digestive organs, general diseases of	196	398	36	65	301	39	21	66
Rate	58.29	523.68	20.43	22.67	30.15	31.57	18.01	19.96
Dysenteric affections	33	7	6	16	16	2	4	8
Rate	9.69	9.21	3.40	5.58	1.60	1.61	3.43	2.41
Ear affections	37	9	8	24	106	14	13	12
Rate	11.00	11.84	4.54	8.37	10.61	11.33	11.14	3.63
Eye affections	28	218	16	27	105	17	19	22
Rate	8.32	286.84	9.08	9.42	10.51	13.76	16.29	6.65
Genito-urinary diseases (nonvenereal)	41	19	30	40	173	12	15	40
Rate	12.19	25.00	17.02	13.95	17.32	9.71	12.86	12.09
Heart affections	13	2	3	12	47	7	....	8
Rate	3.86	2.63	1.70	4.18	4.70	5.66	....	2.41
Heat affections	5	....	1	8	79	3	1	2
Rate	1.48	....	.56	2.78	7.91	2.42	.85	.60
Injuries	210	165	121	269	1,086	120	33	183
Rate	62.46	217.10	68.67	93.85	108.78	97.16	28.30	55.33
Malaria	35	6	10	28	57	13	8	21
Rate	10.41	7.89	5.67	9.76	5.70	10.52	6.86	6.35
Mental diseases	5	1	2	10	43	7	1	13
Rate	1.48	1.31	1.13	3.48	4.30	5.66	.85	3.93
Neurasthenia	28	....	3	8	24	3	9	1
Rate	8.32	....	1.70	2.79	2.40	2.42	7.71	.30
Respiratory diseases (except pneumonia and tuberculosis)	96	38	29	38	223	31	21	51
Rate	28.55	50.00	16.45	13.25	12.32	25.10	18.01	15.42
Rheumatic affections	61	23	19	62	247	19	20	40
Rate	18.14	30.26	10.78	21.63	24.74	15.38	17.15	12.09
Skin diseases	74	80	24	99	503	36	21	81
Rate	22.01	105.26	13.62	34.54	50.38	21.06	18.01	24.49
Suicide	1	....	....	....	....	1	....	2
Rate	.29	....	....	....	....	.80	....	.60
Tuberculosis	20	1	13	25	56	12	7	29
Rate	5.94	1.31	7.37	8.72	5.60	9.71	6.00	8.76
Typhoid fever	18	33	3	12	25	2	3	9
Rate	5.35	43.42	1.70	4.18	2.50	1.61	2.57	2.72
Venereal diseases	60	15	232	400	2,631	178	151	750
Rate	17.84	19.73	131.66	139.56	263.54	144.12	129.50	226.79
TOTAL BY OCCUPATIONS.[1]								
For affections as noted above	1,276	1,343	700	1,423	6,977	641	492	1,590
Rate	379.53	1,767.10	398.29	496.37	698.88	519.02	421.95	480.79
For affections other than noted	193	497	39	75	41	59	32	164
Rate	57.40	653.94	22.13	26.16	4.10	47.77	27.44	49.59
For all affections	1,469	1,840	739	1,498	7,018	700	524	1,754
Rate	436.94	2,421.05	419.40	522.67	702.99	566.80	449.39	530.39
Invalided from service	....	....	15	37	204	21	17	55
Rate	....	....	8.51	12.90	20.43	17.00	14.57	16.63
Deaths	6	3	7	10	67	7	7	15
Rate	1.78	3.94	3.97	3.48	6.71	5.66	6.00	4.53

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[1] Exclusive of Naval Sanatorium for Tuberculosis and those not accounted for by regular returns.

personnel for 1910 by admissions, admission rates, sick days, and computed damage.

Miscellaneous force.				Seaman branches.			Totals by classes.				
Hospital Corps.	Marines (enlisted).	Musicians.	Prisoners (in prison).	Apprentice seamen.	Gunner's mates and turret captains.	All others.	Total.	Invalided from service.	Deaths.	Sick days.	Total damage.[1]
1,185	9,493	853	827	2,504	1,654	17,734	58,691	....	....	....	....
4	125	3	....	....	5	50	333	6	4	1,720	9.70
3.37	13.16	3.15	....	....	3.02	2.81	5.67	....	....	....	....
22	64	6	7	9	13	106	409	2	11	13,577	37.84
18.56	6.74	7.03	8.46	3.59	7.85	5.97	6.96	....	....	....	....
106	900	64	24	1,499	105	2,063	7,250	1	27	77,707	226.89
89.45	94.80	75.02	29.01	598.64	63.48	116.33	123.52	....	....	....	....
30	335	15	10	33	40	403	1,988	18	3	18,586	61.40
25.31	35.28	17.58	12.09	13.17	24.18	22.72	33.87	....	....	....	....
2	46	4	1	4	8	39	196	5	2	3,584	13.31
1.68	4.84	3.68	1.20	1.59	4.83	2.19	3.33	....	....	....	....
8	130	5	2	65	11	130	574	124	1	11,343	93.51
6.74	13.69	5.86	2.41	25.95	6.64	7.33	9.77	....	....	....	....
7	157	20	5	33	9	111	794	130	....	11,658	96.93
5.90	16.53	23.44	6.04	13.17	5.44	6.25	13.52	....	....	....	....
15	177	8	6	85	21	214	896	52	12	19,012	94.08
12.65	18.64	9.37	7.25	33.94	12.69	12.06	15.26	....	....	....	....
7	78	5	2	41	5	54	284	133	20	12,713	111.32
5.90	8.21	5.86	2.41	16.37	3.02	3.04	4.83	....	....	....	....
....	10	....	....	....	1	17	127	1	....	391	1.56
....	1.05	....	....	....	.60	.95	2.16	....	....	....	....
32	810	32	49	173	134	1,845	5,262	204	127	86,492	402.46
27.00	8.53	37.51	59.25	69.08	81.01	104.03	89.65	....	....	....	....
8	372	8	....	5	8	112	691	1	....	7,077	19.88
6.74	39.18	9.37	....	1.99	4.83	6.31	11.77	....	....	....	....
3	44	5	6	10	2	34	186	40	2	4,152	32.36
2.53	4.63	5.86	7.25	3.99	1.20	1.91	3.16	....	....	....	....
1	22	1	....	1	3	16	120	28	....	4,429	26.12
.84	2.31	1.17	....	.39	1.81	.90	2.04	....	....	....	....
20	187	20	7	284	18	365	1,428	28	19	20,203	78.83
16.87	19.69	23.44	8.46	113.42	10.88	20.58	24.33	....	....	....	....
14	158	9	7	57	24	265	1,025	57	....	23,570	93.06
11.81	16.64	10.55	8.46	22.76	14.15	14.94	17.46	....	....	....	....
17	368	23	25	105	51	846	2,353	16	1	30,172	91.15
14.34	38.76	26.96	30.22	41.93	30.82	47.70	40.09	....	....	....	....
....	3	....	....	....	....	3	10	....	10	10	5.00
....	.31	....	....	....	....	.16	.17	....	....	....	....
16	59	7	1	13	6	84	349	27	19	11,913	55.63
13.48	6.21	8.20	1.20	5.19	3.62	4.73	5.94	....	....	....	....
10	25	....	....	17	5	59	221	....	9	9,426	30.31
8.43	2.63	....	....	6.78	3.02	3.32	3.76	....	....	....	....
84	2,158	114	44	384	180	4,088	11,469	191	4	137,992	475.55
70.88	227.32	133.64	53.20	153.35	108.82	230.51	195.41	....	....	....	....
406	6,228	349	196	2,818	649	10,904	35,965	1,064	271	505,727	....
342.61	656.06	409.14	237.00	1,125.39	392.38	614.86	612.78	....	....	....	....
90	857	26	16	147	38	619	2,920	354	23	50,357	....
75.94	90.27	30.48	19.34	58.70	22.97	34.90	49.75	....	....	....	....
496	7,085	375	212	2,965	687	11,523	38,885	1,418	294	556,084	....
418.56	746.33	439.62	256.34	1,184.10	415.35	649.76	662.53	....	....	....	....
23	547	12	....	236	12	239	1,418	....	....	....	....
19.40	57.62	14.06	....	94.25	7.25	13.48	24.15	....	....	....	....
3	50	3	1	29	9	77	294	....	....	....	....
2.53	5.26	3.51	1.20	11.57	5.44	4.34	5.00	....	....	....	....

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[1] Total damage in terms of individuals whose loss of service by sickness, discharge, or death would be represented as continuous throughout the year.

16. *Table to show distribution of disease among occupational groups of the personnel*

NAVAL SANATORIUM FOR TUBERCULOSIS, LAS ANIMAS, COLO.

Classes (and rate per 1,000 of personnel in each occupation).	Officers.		Artificers.				Miscellaneous force.	
	Navy and Marine Corps.	Midshipmen (undergraduate).	Electricians.	Engine-room force.	Fire-room force.	All others.	Clerical force.	Commissary and messmen branches.
ADMISSIONS.								
Appendicitis	....	....	....	....	....	....	....	....
Mental diseases	1	....	....	....	....	....	....	....
Neurasthenia	1	....	....	....	....	....	....	....
Respiratory diseases (except pneumonia and tuberculosis)	1	....	....	....	....	....	....	....
Suicide	....	....	....	....	....	....	....	....
Tuberculosis	13	7	9	16	14	1	4	10
Typhoid fever	....	....	....	....	....	....	....	....
TOTAL BY OCCUPATIONS.								
For affections as noted above	16	7	9	16	14	1	4	10
For affections other than noted	1	....	....	....	....	....	....	....
For all affections	17	7	9	16	14	1	4	10
Invalided from service	....	....	3	8	25	3	1	7
Deaths	1	....	4	3	2	1	1	4

TOTAL SICK DAYS, BY OCCUPATIONS.

Classes (and rate per 1,000 of personnel in each occupation).	Navy and Marine Corps.	Midshipmen (undergraduate).	Electricians.	Engine-room force.	Fire-room force.	All others.	Clerical force.	Commissary and messmen branches.
For affections as noted under listed admissions	18,095	5,702	10,703	21,927	104,850	12,266	8,304	26,271
For affections other than noted	2,737	2,111	592	1,156	617	1,130	541	2,710
Naval Sanatorium for Tuberculosis	3,113	1,757	2,728	5,802	5,438	1,149	1.022	4,647
Not accounted for by regular returns:								
Hospitals for the insane	1,081	....	584	832	2,105	294	310	761
Sick leave	3,403	471	....	....	....	....	....	....
In civil hospitals or on detached duty	318	124	46	167	392	58	77	30
Total sick days for each occupation	28,747	10,165	14,653	29,884	113,402	14,897	10,254	34,419
Average sick days for each individual	8.55	13.37	8.31	10.42	11.35	12.06	8.79	10.40
Total damage[1]	81.75	29.34	51.14	105.37	446.18	54.80	40.08	349.99

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[1] Total damage in terms of individuals whose loss of service by sickness, discharge, or death would be represented as continuous throughout the year.

for 1910 by admissions, admission rates, sick days, and computed damage—Continued.

NAVAL SANATORIUM FOR TUBERCULOSIS, LAS ANIMAS, COLO.

Miscellaneous force.				Seaman branches.			Totals by classes.				
Hospital Corps.	Marines (enlisted).	Musicians.	Prisoners (in prison).	Apprentice seamen.	Gunner's mates and turret captains.	All others.	Total.	Invalided from service.	Deaths.	Sick days.	Total damage.
....	....	....	....	1	....	....	1	....	....	50	....
....	....	....	....	....	....	....	1	....	....	5	....
....	....	....	....	....	....	....	1	....	....	58	....
....	....	....	....	....	....	....	1	....	....	17	....
....	....	....	....	1	....	....	1	....	1	1	....
27	17	1	....	12	1	33	165	133	25	53,530	....
1	....	....	....	....	....	....	1	....	....	16	....
28	17	1	....	14	1	33	170	133	26	53,677	....
....	....	....	....	....	....	....	1	3	....	21	....
28	17	1	....	14	1	33	171	136	26	53,698	....
12	22	2	....	7	3	43	136	....	....	....	....
1	5	....	....	1	....	3	26	....	....	....	....

TOTAL SICK DAYS, BY OCCUPATIONS.

6,471	98,408	4,759	3,239	44,958	10,488	141,462	517,903	....	....	....	....
1,435	13,544	355	265	2,342	615	8,031	38,181	....	....	....	....
5,086	5,046	407	....	3,316	596	13,591	53,698	....	....	....	....
....	2,345	....	....	830	....	3,542	12,684	....	....	....	....
....	....	....	....	....	....	....	3,874	....	....	....	....
29	597	....	....	121	12	936	2,907	....	....	....	....
13,021	119,940	5,521	3,504	51,567	11,711	167,562	629,247	....	....	....	....
10.96	12.63	6.47	4.23	20.59	7.08	9.44	10.72	....	....	....	....
48.96	627.09	22.61	10.09	273.77	42.57	617.06	2,579.95	....	....	....	....

17. *Table showing ships which had infectious and contagious diseases on board, the cha*
ter and number of such, during the calendar year 1910.

Ships.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoid.	Morbilli and rubella.	Scarlatina.	Parotiditis epidemica.	Variola.	Tuberculosis.	Tonsillitis.	Chancroid.	Gonorrhea.
Albany	2	....	....	1	....	1	....	1	....	1	16	22	36
Albatross	1	....	....	....	....	....	....	....	1	....	3	3	12
Alliance	....	....	....	....	....	....	....	....	....	....	5	5	2
Amphitrite	....	....	....	....	....	....	....	....	....	....	1	....	7
Arayat	....	....	....	....	....	....	....	....	....	....	1	....	....
Birmingham	1	....	....	1	2	1	....	....	....	3	13	13	46
Buffalo	....	....	....	....	1	....	....	....	....	2	....	19	21
California	36	....	....	....	....	12	....	14	....	2	97	36	93
Callao	....	....	....	1	1	....	....	....	....	....	....	2	4
Castine	5	....	....	....	2	....	....	....	....	....	14	3	29
Celtic	....	....	....	1	....	....	....	....	....	3	6	4	14
Charleston	1	....	....	2	1	....	....	....	1	6	54	45	61
Chattanooga	....	....	....	....	....	....	....	....	....	1	6	9	28
Chester	....	....	....	1	....	1	....	1	....	2	27	17	61
Cheyenne	....	....	....	....	....	....	....	....	....	....	....	....	2
Chicago	4	....	....	....	....	....	....	....	....	....	1	2	3
Cleveland	1	....	....	1	....	....	....	....	....	2	6	17	30
Colorado	7	....	....	5	....	1	....	....	....	2	55	44	98
Connecticut	10	....	....	1	....	9	....	1	....	4	79	28	105
Culgoa	....	....	....	....	....	1	....	....	....	1	4	3	28
Delaware	16	....	....	3	5	6	....	12	....	1	107	30	83
Denver	....	....	....	....	....	....	....	....	....	....	1	5	6
Des Moines	7	1	....	....	2	....	....	....	....	5	15	17	36
Dixie	39	2	....	....	....	....	....	3	....	1	25	5	41
Dolphin	10	....	....	1	....	....	....	....	....	2	8	2	14
Drayton	....	....	....	....	....	....	....	....	....	....	....	1	....
Dubuque	....	....	....	....	....	....	....	....	....	1	17	5	31
Eagle	9	....	....	....	....	....	....	....	....	....	3	3	9
Elcano	....	....	....	....	....	....	....	....	....	....	....	1	2
Fish Hawk	....	....	....	....	....	....	....	....	....	....	1	3	5
Flusser	2	....	....	....	....	....	....	3	....	....	2	11	10
Galveston	....	....	....	....	....	....	....	....	....	....	....	....	4
Georgia	9	....	....	3	3	1	1	....	....	1	36	38	118
Glacier	....	....	....	....	....	....	....	....	....	....	3	5	20
Helena	1	....	....	....	....	....	....	....	....	....	6	28	47
Hist	2	....	....	....	....	....	....	....	....	....	6	3	16
Idaho	26	....	....	5	5	1	....	....	....	3	35	40	114
Indiana	1	....	....	....	....	....	....	....	....	....	35	27	68
Iowa	7	....	....	1	3	2	....	4	....	1	6	10	57
Iris	....	....	....	....	....	1	....	....	....	....	2	4	20
Kansas	69	....	....	5	3	1	....	....	....	6	61	26	86
Lamson	2	....	....	....	....	....	....	....	....	....	6	3	13
Lebanon	2	....	....	....	....	1	....	....	....	....	2	3	6
Louisiana	50	34	....	6	3	....	1	22	....	....	144	18	74
Marietta	6	....	....	....	....	....	....	2	....	....	10	2	5
Maryland	12	....	....	5	....	13	2	2	....	3	52	24	56
Massachusetts	1	....	....	....	2	....	....	....	....	1	12	13	28
Mayflower	3	....	....	....	....	1	....	....	....	2	5	3	18
Michigan	86	....	....	2	4	1	1	4	....	4	81	39	118
Milwaukee	....	....	....	....	....	....	....	....	....	....	1	1	2
Mindoro	....	....	....	....	....	....	....	....	....	....	....	1	1
Minnesota	1	....	....	3	2	1	....	4	....	3	10	16	115
Mississippi	22	2	....	7	3	....	....	....	....	2	52	19	108
Missouri	2	....	....	1	7	2	....	....	....	....	20	3	29
Montana	57	1	1	1	....	6	....	1	....	8	43	36	72
Monterey	....	....	....	....	....	....	....	1	....	....	12	3	18
Montgomery	1	1	....	....	2	1	....	....	....	1	8	3	12
Nebraska	29	....	....	3	3	8	....	....	....	35	79	17	96
New Hampshire	1	....	....	5	7	1	....	1	....	2	35	15	73
New Jersey	8	....	....	1	....	1	....	....	....	....	22	6	32
New Orleans	....	....	....	....	....	7	....	....	3	1	1	13	27
New York	2	....	....	....	1	....	1	1	....	1	66	49	70
North Carolina	49	....	....	3	....	....	....	10	....	1	107	68	88
North Dakota	....	....	....	2	2	7	....	27	....	2	24	24	87
Ozark	....	....	....	....	....	....	....	....	....	....	1	....	....
Paducah	2	....	....	....	....	....	....	....	....	....	8	7	16
Panther	6	1	....	2	....	1	....	....	....	1	24	8	18
Paragua	....	....	....	....	....	....	....	....	....	....	....	2	7
Paulding	....	....	....	....	....	....	....	....	....	....	3	....	1
Pennsylvania	4	....	3	....	....	....	....	....	....	2	5	8	50
Perkins	....	....	....	....	....	....	....	....	....	....	....	1	3
Petrel	4	....	....	....	....	2	....	....	....	1	....	6	13
Piscataqua	....	....	....	....	....	....	....	....	....	....	....	1	....
Prairie	....	....	....	....	....	....	....	....	....	....	5	3	14

17. *Table showing ships which had infectious and contagious diseases on board, the character and number of such, during the calendar year 1910*—Continued.

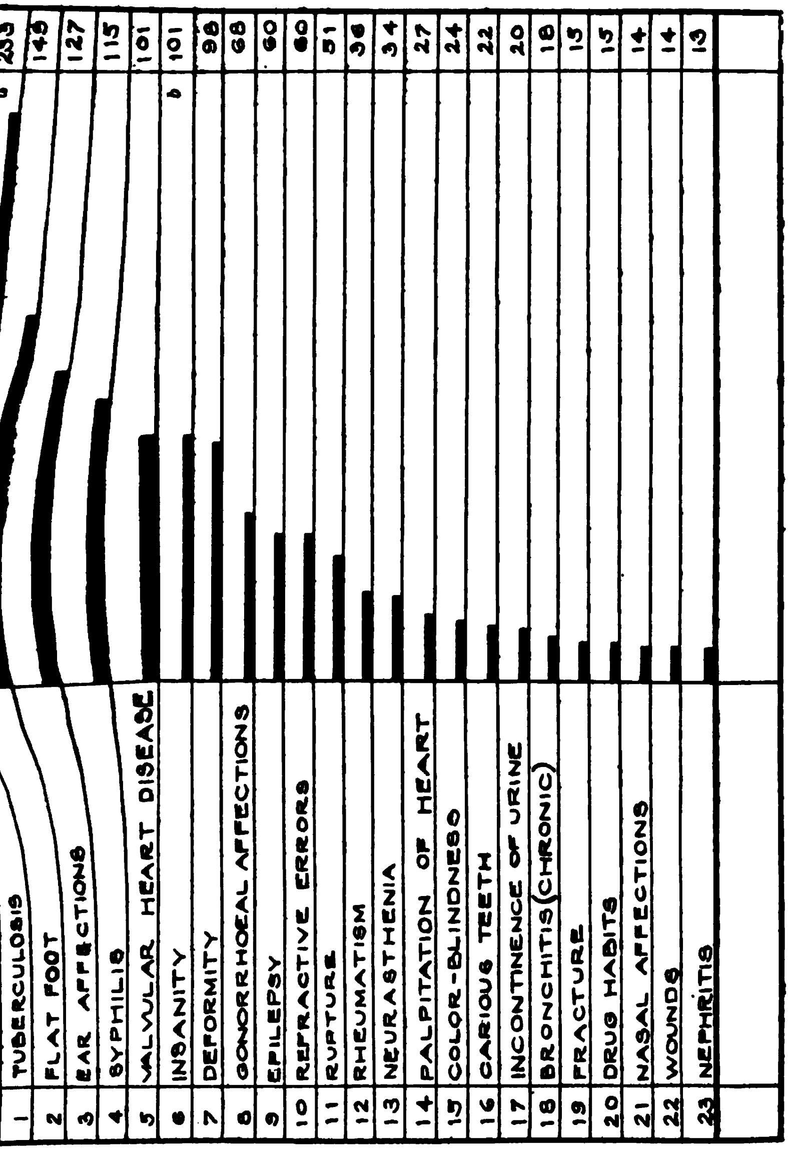
Ships.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoid.	Morbilli and rubella.	Scarlatina.	Parotiditis epidemica.	Variola.	Tuberculosis.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Preston	....	....	....	....	....	....	....	....	....	....	12	4	14	1
Princeton	3	....	....	....	....	1	....	....	....	....	....	1	22	3
Puritan	....	....	....	....	....	....	....	....	....	....	1	....	....	....
Quiros	....	....	....	....	....	....	....	....	....	....	2	....	....	....
Rainbow	3	....	....	....	....	....	....	....	....	....	....	12	25	2
Reid	....	....	....	....	....	....	....	....	....	....	7	9	24	1
Rhode Island	23	4	....	5	2	9	1	....	....	5	92	25	85	20
Roe	....	....	....	....	....	....	....	....	....	....	1	2	4	1
Salem	2	....	....	....	1	....	....	1	....	2	32	4	27	10
Samar	....	....	....	....	....	....	....	....	....	....	....	4	8	....
Scorpion	1	....	....	....	4	....	....	....	....	....	1	3	3	3
Smith	6	....	....	....	....	....	....	....	....	....	6	12	13	6
South Carolina	12	....	....	3	1	....	....	....	....	4	41	34	93	27
South Dakota	9	....	....	5	12	....	....	....	....	8	24	33	49	38
St. Louis	....	....	....	....	....	....	....	....	....	1	6	....	8	1
Supply	11	....	....	....	....	....	....	....	....	1	3	1	43	4
Tacoma	3	....	....	....	....	....	....	....	....	1	6	6	24	4
Tallahassee	4	....	....	....	....	....	....	....	....	....	2	1	6	2
Tennessee	15	....	....	1	1	1	....	2	....	4	27	70	91	42
Terry	....	....	....	....	....	....	....	1	....	....	....	1	2	....
Torpedo flotilla (reserve)	....	....	....	....	1	....	....	2	....	1	....	28	24	5
Torpedo flotilla (Pacific)	1	....	....	1	....	3	....	....	....	3	24	14	66	17
Torpedo flotilla (Asiatic)	....	....	....	....	....	....	....	....	....	....	4	25	31	7
Vermont	1	....	....	9	....	....	....	34	....	2	78	31	154	24
Vicksburg	2	....	....	....	....	....	....	....	....	3	8	1	11	6
Villalobos	....	....	....	....	....	....	....	....	....	1	3	13	9	3
Virginia	33	....	....	5	3	....	....	4	....	3	91	26	106	19
Washington	1	1	....	2	2	1	....	....	10	7	60	37	63	23
West Virginia	51	....	....	6	1	16	....	....	....	....	59	32	59	9
Wheeling	2	....	....	....	....	....	....	....	....	1	3	1	17	3
Wilmington	....	....	....	1	....	....	....	....	....	....	3	18	32	3
Wisconsin	7	....	....	2	....	7	2	1	....	....	66	5	39	9
Wolverine	3	....	....	....	2	....	2	1	....	....	3	....	3	3
Yankton	1	....	....	1	1	....	....	....	....	2	3	5	10	2
Yorktown	1	....	....	....	....	1	....	....	....	3	6	....	4	4

18.—*Table showing navy yards, receiving ships, marine barracks, and camps, and other shore stations which had infectious and contagious diseases, the character and number of such during the year 1910.*

Navy yards, receiving ships, marine barracks, and camps, and other shore stations.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoid.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Variola.	Tuberculosis.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Navy yards:														
Boston	1	1	....	1	....	....	1	1	....	....	52	10	62	20
Cavite	....	....	....	1	....	1	1	....	....	3	13	21	46	4
Charleston	....	....	....	....	....	....	....	....	....	....	3	8	14	4
Mare Island	2	....	....	2	....	4	....	1	....	....	2	2	16	7
New York	8	....	....	1	....	13	....	1	....	2	25	13	56	13
Norfolk	12	....	....	2	1	4	5	....	....	2	19	16	45	8
Pensacola	1	....	....	....	....	....	....	....	....	3	4	4	8	1
Philadelphia	64	6	....	2	8	1	....	....	....	9	37	39	83	10
Portsmouth	....	....	....	....	....	....	1	....	....	1	6	3	19	7
Port Royal	1	....	....	1	4	3	1	....	....	....	6	2	22	11
Puget Sound	3	....	....	....	....	....	4	....	....	....	4	2	83	6
Washington	3	....	....	1	1	....	....	....	....	1	24	6	28	3
Receiving and station ships:														
Franklin	13		....	14	17	33	178	1	....	12	39	122	389	43
Hancock	1	....	....	8	1	9	18	2	....	....	18	29	157	13
Independence	11	....	....	1	....	42	3	3	....	3	27	13	68	14
Lancaster	25	....	....	7	2	....	1	....	....	6	68	31	87	18
Mohican	....	....	....	....	....	....	....	....	....	....	2	8	13	5
Philadelphia	2	....	....	2	1	....	....	....	....	2	8	8	61	14
Southern and Topeka	1	....	....	1	....	....	....	....	....	3	5	3	42	16
Texas	8	....	....	....	1	....	2	....	....	....	13	5	11	3
Wabash	4	....	....	2	....	2	1	....	....	2	28	20	50	22
Marine barracks, camps, and shore stations:														
Academy, Annapolis	265	3	....	2	26	11	13	1	....	2	98	17	79	12
Camp Elliott, Panama	6	....	....	....	....	....	1	....	....	2	17	27	23	5
Culebra	....	....	....	....	....	1	....	....	....	....	....	1	2	....
Guam	4	....	....	....	....	....	....	....	....	....	3	1	10	1
Guantanamo	....	....	....	....	....	....	....	....	....	1	17	3	9	1
Hawaii	....	....	....	....	....	....	....	1	....	....	11	9	31	15
Hingham, naval magazine	....	....	....	....	....	....	....	....	....	....	1	....	3	....
Iona Island, naval magazine	....	....	....	....	....	....	....	....	....	....	....	....	1	....
Key West	1	....	....	....	....	....	....	....	....	....	2	4	7	4
Lake Denmark, powder depot	....	....	....	....	....	....	....	....	....	....	2	....	1	1
Washington Hospital Dispensary	5	....	....	....	1	....	....	....	....	....	3	....	....	....
Newport Training Station	38	3	....	46	2	182	270	2	....	10	54	18	131	17
Newport Torpedo Station	2	....	....	....	....	1	1	....	....	....	14	....	2	2
New London Naval Station	....	....	....	....	....	....	....	....	....	....	2	2	2	1
New Orleans	1	....	....	....	....	....	....	2	....	....	....	2	9	1
Nicaragua (marines)	15	....	....	2	....	....	4	....	....	....	19	22	32	11
Olongapo	....	....	....	....	....	....	....	....	1	2	13	21	95	15
Peking Legation (Marines)	9	....	....	....	....	2	....	....	....	1	11	23	26	4
Philadelphia (special duty)	4	....	....	1	1	....	....	....	....	....	1	....	....	....
Portsmouth Naval Prison	4	....	....	3	1	2	1	....	....	2	9	1	21	7
San Francisco Training Station	149	....	5	30	2	149	380	....	....	3	114	21	171	12
San Francisco Marine Recruiting Station	1	....	....	....	....	....	....	....	....	....	....	....	....	....
San Juan Naval Station	....	....	....	....	1	1	....	....	....	1	1	15	21	2
Tutuila, Samoa, Naval Station	12	....	....	....	....	....	....	....	....	2	1	....	4	....
Washington Marine Barracks	13	....	....	2	2	....	....	....	....	1	25	3	52	7
Washington Naval Dispensary	3	1	....	....	....	....	....	....	....	3	....	....	....	....
Winthrop (Marine rifle range)	....	....	....	....	....	....	....	....	....	....	....	....	1	....

. RETIREMENTS AND DISCHARGES FROM THE NAVY AND MARINE CORPS FOR PHYSICAL DISABILITY DURING 1910.

AVERAGE STRENGTH, 58,340.



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[a] Includes 206 cases invalided to the hospital for tuberculosis, Las Animas, Colo.

[b] Includes 61 cases invalided to the Government Hospital for the Insane.

20. *Surgical operations for the year ending Dec. 31, 1910.*

Locations.	Cases.	Cured.	Improved.	Unimproved.	Died.	Anesthesia.				
						Chloroform.	Chloroform-ether.	Ether.	Gas-ether.	Local.
HEAD.										
Eye:										
Enucleation	5	1	3		1	1		4		
Iridectomy	1		1							1
Pterygium removed	2	2								2
Trachoma, granules expressed	1	1				1				
Face:										
Cheek; cyst incised	1	1						1		
Lip—										
Carcinoma excised	1				1			1		
Plastic operation for hair lip	1	1						1		
Neck:										
Abscess (deep), incised	3	3						2		1
Adenectomy, cervical	4	4						4		
Adenoma removed, thyroid	1	1						1		
Carbuncles, incised	2	1	1					1		[1]1
Cyst removed, thyroid	1	1						1		
Ligation of both thyroid arteries	1		1					1		
Lipoma excised	1	1						1		
Thyroidectomy	6	1	5					6		
Tuberculous glands removed	7	5	2					5		2
Tumor excised	1		1					1		
Nose:										
Antrum extirpation	1	1						1		
Plastic operation to enlarge orifices	1		1					1		
Pharynx:										
Ligation of common carotid artery for fibroma, pedicle clamped through nose	1	1						1		
Skull:										
Cervical vertebra, laminectomy, for fracture and pressure on cord	1				1			1		
Frontal bone—										
Fracture, elevating and removing fragments	2	2						1		1
Frontal sinus opened and drained	3		2	1				3		
Trephining for brain abscess	1				1			1		
Mandible—										
Abscesses incised	1	1						1		
Dislocation reduced	1	1					1			
Fracture wired	1		1							
Necrosed bone curetted	2	2						2		
Occipital—										
Decompression	2		1	1				1		
Parietal bone—										
Cranioplasty	3	2	1					3		
Exploratory incision for fracture	1	1						1		
Trephining for fractures	4	2			2			3		
Varicose aneurysm excision	1	1						1		
Temporal bone—										
Decompression	2				2			1		
Mastoid exenteration	23	21			2	2		21		
TRUNK.										
Abdomen:										
Abscesses	9	8	1			2	1	5		1
Adenectomy, inguinal	12	12				4		8		
Appendectomy	231	226	2		3	11	3	206	11	
Appendicostomy	2	1	1					2		
Herniotomy, 283 inguinal, 19 ventral	302	302				4	5	259		34
Incision for fracture of ileum	1	1						1		
Laparotomies—										
Cholecystorrhaphy	1	1								1
Cholecystostomy	1	1						1		
Cholecystotomy	6	3	1	2				6		
Enterostomy, necrotic gut	1				1			1		
Exploratory incisions	13	3	2	4	[2]4			13		
Gastric ulcer	1	1						1		
Hysterectomy	2	2						2		
Intussusception, reduction	1				1			1		
Liver abscess	6	4		1	1			6		
Obstruction, intestinal	4	3			1			4		
Ovarian tumor and cyst removed	1				[3]1			1		

[1] Genera anesthesia with ethyl chloride.

[2] 1 Shock, 1 cancer of liver, 1 carcinoma, huge tumor of pancreas, and 1 tuberculous peritonitis.

[3] Shock.

0. *Surgical operations for the year ending Dec. 31, 1910*—Continued.

Locations.	Cases.	Cured.	Improved.	Unimproved.	Died.	Anesthesia.				
						Chloroform.	Chloroform-ether.	Ether.	Gas-ether.	Local.
RUNK—continued.										
Continued.										
omies—Continued.										
ingo-oophorectomy	2	2						2		
erculous peritonitis	1				1					1
hoid perforation	1				1			1		
es, lumbar region	1	1						1		
excised	1	1								1
s incised	2	1	1					3		
ained	1	1						1		
tomy	2	1	1					2		
omy	4	1	1		2	2		2		
omy auxillary	1	1				1				
a (both breasts), excised	1	1							1	
ucleated	1	1								1
utured and fragments of rib ed	1	1						1		
n:										
oma	1	1						1		
lous pleuritis	1	1				1				
ised	1				1			1		
y, with rib resection for	35	21	4		10	5		6	1	23
s—1 perineal, 1 periurethral, tate gland	3	2	1			1		2		
tion, portion of penis	2	2				1		1		
urinalis	1	1					1			
ymectomy	7	6	1					6		1
ele, operation for	22	22				4		18		
ctomy	7	6	1			1	1	5		
otomy	1	1				1				
curettage	1	1				1				
ele, operation for	69	69				2	7	54	1	5
my	1	1						1		
rupture, bladder, sutured	1				[8] 1	1				
es, ischiorectal	8	7	1				1	2		5
ny	1				1			1		
in ano, operation for	11	8	3					9	2	
hoids, operation for	60	58	2			1	8	49	1	1
, anal, removed	1	1						1		
tion—1 open reduction, 2 c operation for	3	1	2					3		
na excision	1		1					1		
tion of necrosed bone	1		1					1		
e—1 suturing, 1 resection	2	2						2		
EXTREMITIES.										
putation	2	1	1					2		
cture, resection and wiring	2		2					1	1	
rosed bone removed	2	2						2		
—										
sa, tapped and excised	3	3				2				1
location reduced	1		1					1		
n—										
cess, deep, incised	1	1						1		
putation	3	1	2			1		2		
cture, plating and wiring	5	2	3			1		4		
oma, enucleation	1	1						1		
rosed bone removed	1	1						1		
nsfusion, vein to vein	4		4							4
putation	1	1						1		
ctured metacarpal bones	2	2						2		
anoma removed	1	1								1
orrhaphy	1	1						1		
inus laceratum, sutured	1	1						1		

20. *Surgical operations for the year ending Dec. 31, 1910*—Continued.

Locations.	Cases.	Cured.	Improved.	Unimproved.	Died.	Anesthesia.				
						Chloroform.	Chloroform-ether.	Ether.	Gas-ether.	Local.
EXTREMITIES—continued.										
Upper—Continued.										
Hand—Continued.										
Fingers—										
Amputation	18	16	2	......	......	3	......	2	1	12
Cellulitis, incisions for	2	2	......	......	......	......	......	......	......	2
Deformity correction, plastic	2	2	......	......	......	1	......	1	......	......
Dislocation, capsule sutured	1	1	......	......	......	......	......	1	......	......
Osteotomy	1	1	......	......	......	......	......	1	......	......
Tenorrhaphy	1	1	......	......	......	......	......	1	......	......
Lower:										
Ankle—										
Arthrotomy	2	......	2	......	......	1	......	1	......	......
Necrosed bone removed	2	2	......	......	......	......	......	2	......	......
Foot—										
Amputation	1	......	1	......	......	......	......	1	......	......
Metatarsal bones—										
Fracture	1	......	1	......	......	......	......	1	......	......
Necrosed bone removed	1	1	......	......	......	......	......	1	......	......
Tendoplasty	1	......	1	......	......	......	......	1	......	......
Tenorrhaphy	1	......	1	......	......	......	......	1	......	......
Wound, infected, incised	1	1	......	......	......	......	......	1	......	......
Toes—										
Amputation	7	7	......	......	......	......	1	3	......	3
Deformity correction	1	......	1	......	......	......	......	1	......	......
Fracture, disarticulation	1	......	1	......	......	......	......	1	......	......
Knee—										
Abscess, drained	1	......	......	......	*1	......	......	1	......	......
Ankylosis broken down	1	......	1	......	......	......	......	1	......	......
Arthrotomy	7	3	1	3	......	......	......	7	......	......
Bursa incised	1	1	......	......	......	......	......	1	......	......
Fractured patella, sutured and wired	4	3	1	......	......	2	......	2	......	......
Floating cartilage removed	1	1	......	......	......	......	......	......	1	......
Lipoma excised	1	1	......	......	......	......	......	1	......	......
Vulnus infectum, incised	1	1	......	......	......	......	......	1	......	......
Leg—										
Amputations	7	4	3	......	......	1	......	6	......	......
Fracture, sutured and wired	4	2	2	......	......	1	......	3	......	......
Ligation of anterior tibial artery	1	1	......	......	......	1	......	......	......	......
Incision for—										
Contracture	1	......	1	......	......	......	......	1	......	......
Osteomyelitis	1	......	......	1	......	......	......	1	......	......
Lipoma excised	1	......	1	......	......	......	......	......	......	1
Necrosed bone removed	4	2	2	......	......	2	1	......	1	......
Periosteotomy	2	2	......	......	......	......	......	2	......	......
Suturing muscle sheath	1	1	......	......	......	......	......	......	......	1
Tenotomy	1	1	......	......	......	......	......	1	......	......
Varix, excision and ligation	17	15	2	......	......	1	......	14	......	2
Thigh—										
Abscesses	5	3	2	......	......	......	......	4	......	1
Amputation	2	......	2	......	......	......	......	2	......	......
Dislocation reduced	2	1	1	......	......	1	......	1	......	......
Fibroma excised	1	1	......	......	......	......	......	......	......	1
Fracture, setting and wiring	3	......	2	......	1	......	......	3	......	......
Ligation branches femoral artery	1	1	......	......	......	......	......	1	......	......
Incision to recover bullet	1	......	......	1	......	......	......	1	......	......
Osteotomy	2	......	2	......	......	......	......	2	......	......
Osteoma excised	1	1	......	......	......	......	......	1	......	......
Periosteotomy	2	2	......	......	......	......	......	2	......	......
Varix, excision and ligation	2	2	......	......	......	......	......	2	......	......
Vulnus infectum, incised	1	1	......	......	......	......	......	1	......	......
Total	1,099	951	93	14	41	65	30	869	21	111

0. *Surgical operations for the year ending Dec. 31, 1910.*

ere performed for the following:	
l and drained	464
ndefined	4
cised	1
cised	1
cised	328
oved	5
ngers and toes, repairs	42
oved	2
epaired	3
esions broken	5
opened	1
d	8
tting	2
cised, incised, and curetted	13
	7
val of lens	9
ed	23
	338
um, removed	18
	52
ection—	
scars	2
e	3
	1
	1
	9
duced	12
ugh and through	1
	1
	5
xcised	2
n	4
operation	1
ed	9
ncision and curettage	24
	1
	1
tion and setting	24
cised	301
	1
gation basilic vein and branches	1
xcised and ligated	103
c operation	2
sion	27
turbinates reduced	4
epaired	2
	3
ed	6
, excision	16
incision	3
	8
emoved	6
deflection corrected	20
curetted or removed	13
	1
d	1
ved	4
ncised	4
plastic operation for	1
unctures	2
sion	3
	18
	4
rior chamber)	1
ity	11
n	10
cision	2
sion	3
val	3
	8
cision	29
	1
	1
	1
excised	3
	3
ay	2
oved	1
	4
	1
d	1
	2

Minor operations were performed for the following—Continued.

Tonsillotomy
Tuberculous glands removed
Tumors, removed
Ulcers, incised
Unguis involutus, excision and incision
Urethrotomy, internal
Uvula descendens, portion removed
Varicocele, excision
Varix, excision
Vasotomy
Venesection
Verruca, removed
Verruca acuminata, removed
Wounds, sutured, etc

Total

	Remaining last ye	Diseases.	Injuries.	Total.	Diseases.	Injuries.	Total.	Ratio per cases tre	Diseases.	Injuries.	Total.	Ratio per cases tre	Diseases.	Injuries.	Total.	Ratio per cases tre	Continued	Total	Average under	Average treatme
Annapolis, Md	34	291	43	368	251	37	288	782.61	10	......	10	28.80	......	3	3	8.15	39	9,712	26.61	26.40
Canacao, P. I	69	505	53	627	405	49	454	724.08	30	......	30	47.84	10	....	10	15.95	81	19,565	53.60	31.20
Chelsea, Mass	82	477	83	642	429	69	498	775.70	37	12	49	76.33	4	3	7	10.90	66	32,355	88.64	50.40
Guam	......	30	11	41	24	9	33	804.88	1	......	1	24.39	......	....	......	....	3	585	1.60	14.37
Mare Island, Cal	96	1,282	168	1,546	774	93	867	560.80	232	49	281	181.76	7	1	8	5.17	225	66,313	181.68	43.67
Medical School, Washington, D. C	65	469	80	614	375	62	437	711.73	41	6	47	76.55	6	....	6	9.77	89	26,114	71.55	42.53
Newport, R. I	44	1,033	71	1,148	882	59	941	819.67	42	8	50	43.55	25	1	26	22.65	101	31,475	86.23	37.42
New York, N. Y	120	657	115	892	519	90	609	682.74	84	13	97	109.19	10	3	13	14.57	72	36,557	100.16	40.98
Norfolk, Va	128	1,414	157	1,699	902	102	1,004	590.94	110	18	128	75.33	23	....	23	13.54	185	53,466	146.48	31.46
Olongapo, P. I	......	374	51	425	268	43	311	731.76	2	1	3	7.06	......	....	......	....	59	9,067	24.84	21.33
Pensacola, Fla	2	36	6	44	30	4	34	772.73	2	1	3	68.18	2	....	2	45.45	2	1,[illegible]	3.63	30.14
Philadelphia, Pa	21	272	57	350	160	44	204	582.86	33	8	41	11.71	9	....	9	2.57	70	13,[illegible]	36.66	38.28
Portsmouth, N. H	20	184	40	244	144	31	175	717.21	19	3	22	9.02	2	1	3	1.23	35	9,012	24.69	36.98
Port Royal, S. C	6	67	10	83	59	10	69	831.33	2	......	2	24.10	1	....	1	1.20	5	1,[illegible]	4.99	21.94
Puget Sound, Wash	28	274	66	368	220	56	276	750.00	49	9	58	157.61	1	....	1	2.72	13	15,0[illegible]	41.19	40.85
San Juan, P. R	7	78	4	89	64	5	69	775.28	7	......	7	78.65	1	....	1	11.24	6	3,[illegible]	9.28	38.08
Sitka, Alaska	1	27	10	38	27	10	37	973.68	......	......	......	....	......	....	......	....	1	[illegible]	1.06	10.21
Washington, D. C	8	54	2	64	56	......	56	875.00	1	......	1	15.63	......	....	......	....	....	[illegible]	2.72	15.49
Yokohama, Japan	11	82	14	107	64	12	76	710.28	......	1	1	9.35	......	....	......	....	16	6,251	17.12	58.42
Relief (hospital ship)	31	145	24	200	122	20	142	710.00	......	......	......	....	1	....	1	5.00	....	5,557	15.21	37.94
Solace (hospital ship)	......	309	64	373	151	41	192	514.75	1	......	1	2.68	......	....	......	....	5	7,201	19.73	19.81
Total	773	8,060	1,129	9,962	5,926	846	6,772	679.78	703	129	832	83.52	102	12	114	11.44	1,073	340,590	45.61	35.09

22. Statement of cost of maintenance of United States naval hospitals for the fiscal year 1911.

	Portsmouth, N. H.	Chelsea, Mass.	Newport, R. I.	New York, N. Y.	Philadelphia, Pa.	Washington, D. C.
Provisions	$10,995.17	$24,660.07	$22,727.09	$33,834.33	$19,670.61	$26,611.26
Ambulance service	162.00	916.59	1,295.70	1,048.04	1,077.98	1,307.71
Fuel, light, water	2,023.31	8,562.33	7,432.78	15,622.60	5,329.72	9,252.65
Medical supplies	2,002.29	4,156.16	4,315.64	7,129.30	6,893.45	6,172.52
Miscellaneous supplies	4,585.56	5,213.08	3,581.15	14,192.67	22,923.67	8,902.12
Total cost of maintenance	19,768.33	43,508.23	39,352.36	71,826.94	55,895.43	52,246.27
Sick days, Navy	7,723	29,317	30,356	29,802	19,056	12,353
Sick days, Marine Corps	3,099	7,380	404	6,460	4,977	11,726
Sick days, supernumeraries	156	829	307	1,034	1,560	1,147
Subsistence days, Hospital Corps	4,363	9,028	7,958	11,465	7,136	14,344
Subsistence days, Marine Guard	....	....	....	6,420	....	5,717
Subsistence days, civilian employees	2,186	6,145	3,860	13,284	5,537	5,110
Total number of days' subsistence	17,527	52,699	42,885	68,465	38,266	50,397
Average cost per diem for maintenance	$1.127	$0.825	$0.91762	$1.049	$1.469	$1.036
Average cost per diem for subsistence	.627	.467	.52995	.494	.514	.528

	Annapolis, Md.	Norfolk, Va.	Port Royal, S. C.	Pensacola, Fla.	San Juan, P. R.	Las Animas, Colo.
Provisions	$12,567.57	$43,251.70	$ 3,065.18	$3,218.05	$4,740.48	$70,275.85
Ambulance service	1,763.21	1,506.60	....	270.06	129.20	2,423.97
Fuel, light, water	4,214.57	10,333.98	506.79	608.18	696.60	15,246.34
Medical supplies	3,635.99	12,554.81	942.34	1,351.88	783.40	3,160.61
Miscellaneous supplies	5,819.09	9,653.03	237.22	1,240.97	3,126.56	879.54
Total cost of maintenance	28,000.43	77,300.12	4,751.53	6,689.14	9,476.24	91,986.31
Sick days, Navy	7,913	58,553	24	1,019	1,156	47,546
Sick days, Marine Corps	2,400	4,858	1,286	829	1,939	5,067
Sick days, supernumeraries	140	3,866	35	44	....	5,348
Subsistence days, Hospital Corps	6,142	15,936	1,524	1,312	2,577	12,540
Subsistence days, pay yeoman in pay office	....	....	....	....	....	313
Subsistence days, Nurse Corps	....	24	....	....	....	....
Subsistence days, Marine Guard	....	6,599	....	....	....	10,172
Subsistence days, civilian employees	3,317	15,906	1,748	1,916	1,336	21,621
Total number of days' subsistence	19,912	105,742	4,617	5,120	7,008	103,196
Average cost per diem for maintenance	$1.4062	$0.7310	$1.02	$1.306	$1.3522	$0.891
Average cost per diem for subsistence	.6311	.4090	.66	.628	.6764	.681

	Mare Island, Cal.	Puget Sound, Wash.	Sitka, Alaska.	Canacao, P. I.	Olongapo, P. I.	Yokohama, Japan.
Provisions	$48,101.29	$10,265.38	$1,217.08	$21,922.25	$14,252.62	$7,924.52
Ambulance service	946.68	....	....	555.42	....	19.60
Fuel, light, water	13,729.95	1,323.95	879.20	10,775.81	3,964.20	3,580.76
Medical supplies	8,571.04	3,268.62	438.50	9,309.10	5,352.40	2,596.91
Miscellaneous supplies	10,717.83	4,436.13	311.50	5,519.27	24,772.93	1,035.89
Total cost of maintenance	82,066.79	19,294.08	2,846.28	48,081.85	48,342.15	15,157.68

22. *Statement of cost of maintenance of United States naval hospitals for the fiscal year 1911*—Continued.

	Mare Island, Cal.	Puget Sound, Wash.	Sitka, Alaska.	Canacao, P. I.	Olongapo, P. I.	Yokohama Japan.
Sick days, Navy	$56,237	$11,466	$51	$14,339	$4,376	$6,149
Sick days, Marine Corps	13,487	1,673	....	6,199	12,444	357
Sick days, supernumeraries	1,098	98	119	1,326	1,042	13
Subsistence days, Hospital Corps	15,192	4,756	736	12,981	5,712	2,899
Subsistence days, pay yeoman in pay office	....	....	....	....	....	365
Subsistence days, Nurse Corps	....	....	....	232	....	....
Subsistence days, Marine Guard	....	....	505	....	....	4,750
Subsistence days, civilian employees	8,776	1,095	365	4,775	4,260	....
Total number of days' subsistence	94,790	19,088	1,776	39,852	27,834	14,523
Average cost per diem for maintenance	$0.865	$1.01	$1.602	$1.206	$1.736	$1.043
Average cost per diem for subsistence	.507	.53	.685	.550	.512	.545

23. *Recruiting statistics, 1910.*

Where examined.	Number examined.	Number accepted.	Recruits surveyed within four months for physical disability existing prior to enlistment.	
			Navy.	Marine Corps.
Alabama	15	8	....	....
California	2,426	1,584	12	29
Colorado	190	43	....	3
Connecticut	391	213	....	....
Delaware	43	6	....	....
District of Columbia	497	270	3	....
Florida	100	40	1	....
Georgia	24	13	....	....
Illinois	3,646	1,382	28	46
Indiana	987	553	17	2
Iowa	440	283	6	....
Kansas	104	22	....	1
Kentucky	54	46	2	....
Louisiana	988	344	....	....
Maine	6	6	....	....
Maryland	1,077	619	16	....
Massachusetts	1,419	661	15	8
Michigan	1,647	791	12	26
Minnesota	1,358	625	4	22
Missouri	3,465	1,303	13	26
Nebraska	758	288	3	4
New Hampshire	271	107	1	8
New Jersey	158	93	....	....
New York	5,849	3,527	69	50
North Dakota	23	15	....	1
Ohio	2,123	1,249	22	23
Oklahoma	480	176	....	2
Pennsylvania	3,249	1,603	26	16
Rhode Island	676	378	10	....
South Carolina	50	33	1	....
Tennessee	892	529	15	....
Texas	2,344	1,446	12	10
Utah	342	136	....	6
Vermont	4	2	....	....
Virginia	35	26	1	....
Washington	97	73	....	26
West Virginia	114	75	....	6
Wisconsin	576	288	6	8
Wyoming	11	3	....	....

23. *Recruiting statistics, 1910*—Continued.

Where examined.	Number examined.	Number accepted.	Recruits surveyed within four months for physical disability existing prior to enlistment.	
			Navy.	Marine Corps.
Insular—				
Cavite, P. I.	124	93	1	....
Culebra, P. R.	1	1	....	....
Guam	59	50	1	....
Guantanamo Bay, Cuba	1	1	....	....
Hawaii	18	4	....	....
Olongapo, P. I.	38	28	....	....
Panama	10	10	....	....
Peking, China	5	5	....	....
San Juan, P. R.	5	5	....	....
Sitka, Alaska	2	2	....	....
Tutuila, Samoa	25	22	....	....
Yokohama, Japan	2	2	....	....
Cruising ships	944	746	....	....
Receiving ships:				
Franklin	559	295	....	....
Hancock	865	654	....	....
Independence	305	238	....	....
Lancaster	226	176	....	....
Philadelphia	583	271	....	....
Southery	17	17	....	....
Texas	158	104	....	....
Wabash	215	196	....	....
Total	41,091	21,779	297	323

SUMMARY.

Examined Navy and Marine Corps	41,091
Accepted Navy and Marine Corps	21,779
Ratio per 1,000 accepted	530.02
Surveyed within four months for disabilities existing prior to enlistment	620
Ratio per 1,000 improperly accepted	28.46

	Navy.	Marine Corps.
Enlisted	14,954	4,583
Surveyed within four months for disabilities existing prior to enlistment	297	323
Ratio per 1,000 improperly enlisted	19.86	70.47

24. *Insane from the Navy at the Government Hospital for the Insane, Washington, D. C.*

Remaining under treatment June 30, 1910	246
Admitted during the year ended June 30, 1911	85
Total number under treatment during year	331

DISCHARGED.

Recovered	44
Died	19
Not insane	13
Improved	6
Unimproved	3
On visit	1
Eloped	1
Total	87
Total number remaining under treatment June 30, 1911	244

Patients from the Navy and Marine Corps in the Mendocino State Hospital for the Insane on June 30, 1910	14
Admitted during fiscal year ending June 30, 1911	25
Total	39
Discharged during the fiscal year ending June 30, 1911 (17 to Government Hospital for the Insane, Washington, D. C.), 1 from treatment (improved); 2 from service; 1 died)	21
Remaining in this institution June 30, 1911	18
Patients under treatment at both institutions June 30, 1911	262

25. *Naval sanatorium for tuberculosis, Las Animas, Colo.*

SUMMARY OF TUBERCULOSIS CASES FOR 1910.

Admissions:		
Remaining from 1909	159	
Admitted during year	214	
Discharges:		
Died		25
Invalided from service on account of tuberculosis		133
Deserted		2
Discharged by reason of expiration of enlistment		62
Discharged to duty as recovered		19
Continued to 1911		132
Total	373	373

26. *Statement of the work done by the Record and Pension Division of the bureau during the fiscal year ending June 30, 1911.*

Pension cases remaining on hand June 30, 1910	12
Received during fiscal year ending June 30, 1911	1,423
Answered during fiscal year ending June 30, 1911	1,418
Remaining on hand June 30, 1911	17
Cases for board of medical examiners received and answered	735
Cases for retiring board received and answered	68
Reports of deaths received	416
Reports of medical survey received and acted upon	2,778
Cases from Civil Service Commission received and answered	76
Cases of physical rejection, transfer of patients, and miscellaneous letters received and answered	5,107
Total	12,050
Average for each working day	39

27.—Table showing relative increase and decrease of diseases and injuries in Navy Marine Corps, year 1910.

Diseases showing increase in admission rate.	Increase in number of cases.	1909 admission rate per 1,000.	1910 admission rate per 1,000.	Increase in admission rate.	Diseases showing decrease in admission rate.	Decrease in number of cases.	1909 admission rate per 1,000.	1910 admission rate per 1,000.	Decrease in admission rate.
Chancroid	395	28.32	34.69	6.37	Malaria (all types)	378	18.84	11.79	[illegible]
Influenza	292	22.15	26.74	4.59	Tonsillitis	307	61.71	55.02	[illegible]
Infected wounds	195	4.48	7.82	3.34	Stomatitis	244	4.62	.23	[illegible]
Cephalalgia	155	1.91	4.60	2.69	Measles	118	8.89	5.46	[illegible]
Contusions	104	13.08	14.65	1.57	Syphilis	161	26.57	23.18	[illegible]
Gonorrhea	201	105.51	106.87	1.36	Abscess	125	18.18	15.69	[illegible]
Mumps	90	17.29	18.52	1.23	Orchitis	121	8.47	6.17	[illegible]
Diphtheria	70	.70	1.92	1.22	Dengue	116	8.80	6.57	[illegible]
Flat-foot	72	2.66	3.87	1.21	Inguinal adenitis	101	14.32	12.25	[illegible]
Colic	74	5.04	6.24	1.20	Sprains	82	16.84	15.05	[illegible]
Drowning	59	.97	1.99	1.02	Acute bronchitis	78	17.08	15.35	[illegible]
Pneumonia	61	3.69	4.68	.99	Enteritis	82	3.16	1.65	[illegible]
German measles (Rubella)	56	4.66	5.55	.89	Epididymitis	57	8.65	7.48	[illegible]
					Scarlet fever	63	1.71	.56	[illegible]
Ankylostomiasis	46	.16	.97	.81	Myalgia	53	6.37	5.31	[illegible]
Dental caries	26	.36	.91	.55	Lacerated wounds	44	11.91	10.89	[illegible]
Prostatitis	29	.22	.72	.50	Varicocele	50	4.53	3.56	[illegible]
Scabies	33	5.83	6.29	.46	Trichophytosis	51	1.88	.99	[illegible]
Fractures	36	9.12	9.57	.45	Myopia	49	1.55	.65	[illegible]
Epilepsy	27	1.42	1.87	.45	Cellulitis	40	5.59	4.76	[illegible]
Otitis media	31	5.43	5.87	.44	Dysentery	44	2.19	1.37	[illegible]
Asthenopia	25	1.42	1.83	.41	Palpitation of the heart	48	2.08	1.29	[illegible]
Icterus	24	2.50	2.87	.37	Gonorrheal ophthalmia	42	1.40	.63	.77
Phimosis	26	5.05	5.41	.36	Burns	37	5.29	4.53	[illegible]
Unguis involutus	23	2.45	2.80	.35	Gonorrheal arthritis	33	3.83	3.17	[illegible]
Neurotic poisons	21	.79	1.14	.35	Neurasthenia	34	2.55	1.90	[illegible]
Hernia	26	6.22	6.56	.34	Acute gastritis	29	4.77	4.16	[illegible]
Punctured wounds	17	1.63	1.90	.27	Pharyngitis	27	1.53	1.02	[illegible]
Achromatopsia	15	.25	.51	.26	Heat prostration	24	1.91	1.44	[illegible]
Membri clades	13	.25	.47	.22	Valvular disease of the heart	23	2.98	2.52	[illegible]
Dislocations	14	1.71	1.92	.21					
Cholecystitis	12	.18	.39	.21	Appendicitis	15	6.77	6.34	[illegible]
Acute intestinal catarrh	20	7.90	8.09	.19	Conjunctivitis	17	4.55	4.16	[illegible]
Pleurisy	12	2.17	2.34	.17	Concussion	21	1.02	.63	[illegible]
Rheumatic fever	14	5.97	6.10	.13	Alcoholism	15	6.30	5.91	[illegible]
Tuberculosis	13	5.59	5.71	.12	Poisoned wounds	21	.81	.42	[illegible]

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NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT

OF THE

Surgeon General, U. S. Navy

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

TO THE

SECRETARY OF THE NAVY

FOR THE FISCAL YEAR

1912

WASHINGTON
GOVERNMENT PRINTING OFFICE
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Navy Department

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REPORT

OF THE

EON GENERAL, UNITED STATES NAVY.

Department of the Navy,
Bureau of Medicine and Surgery,
Washington, D. C., December 2, 1912.

rgeon General.
tary of the Navy.
Annual report for fiscal year 1912.

wing report of the activities of the Bureau is submitted.

—Health conditions of the personnel of the Navy, and of the s of the island possessions coming under the care of the Corps of the Navy.

on of the incidence of important or prevalent diseases and injuries and special measures be employed to treat or combat them, with a view to increasing the efficiency of the nt, at the same time conforming so far as practicable with humanitarian demands.]

I. DISEASES AND INJURIES.

A. GENERAL REMARKS.

h of the Navy from January 1, 1911, to December 31, een good, and shows a slight improvement over that for s year and a marked improvement when compared with "average year." The reduction in damage rate from been more marked than has that from diseases, both for year and for the "average year." The death rate from s shows a marked reduction, both from that of the pre- nd of the "average year." Among the natives of Guam ave exceeded the deaths, while in Samoa the reverse has From January 1, 1912, to June 30, 1912, 26 of the naval ere admitted to hospitals other than naval hospitals, 10 beyond the continental limits of the United States, and als within those limits. Further, there have been 2,493 aries treated by the service during the calendar year 1911, of 43,112 sick days, many of whom were officers and men s of foreign powers.

B. GENERAL INFECTIVE DISEASES.

ulosis.—**a.** Naval personnel: The admission rate per r this disease shows a very slight decrease from that for s year, the higher figures still persisting among those s confine them below decks, and the highest rate occurring musicians. The medical corps furnishes an unusually large number of cases of this condition. **b.** Native charges: I estimated that one-sixth of the population of Guam has active tu culosis, while the increase of the disease among the Samoans has b strikingly rapid, apparently following the recent epidemic of meas

2. *Typhoid fever.*—**a.** Naval personnel: The rate per thous for this disease shows a very slight increase over that for the previ year (the typhoid prophylactic was introduced subsequent to period which these remarks cover), and there have been three breaks which were epidemic in character; one of 57 cases occurrin the training station, Norfolk, Va., between June 25 and September 1911; one in the Atlantic Fleet of 20 cases, distributed among 9 sh occurring between January 1 and March 31, 1911; and one, in Pacific Fleet of 5 cases, occurring between September 26 and Octo 24, 1911, all confined to one vessel. **b.** Native charges: During year there were no cases of typhoid at Guam, nor at Tutuila, Sam but recent returns (April, 1912) show that two cases have b imported into Tutuila, the first to be recorded in the history of possession.

3. *Dengue.*—**a.** Naval personnel: Among the force in trop countries this disease is an important feature of health conditions is the most important tropical disease occurring among pati admitted to the naval hospital, Cañacao, P. I. At the naval stat Cavite, P. I., it is reported that its incidence has been greatly lesse while at the naval station, Olongapo, P. I., not a single case occu during the six months previous to May, 1912; whereas for the 1911 an admission rate per thousand of 136.5 is recorded. For entire service the admission rate per thousand for 1911 was 13 **b.** Native charges: The rate for this disease among the native po lation is not as high as for the naval personnel, but Tutuila, Sam has recently been visited by a sweeping epidemic.

4. *Malaria.*—**a.** Naval personnel: The admission rate per th sand for this disease has been slightly increased over that for previous year. Its incidence at Olongapo, P. I., and Camp Elli C. Z., has been markedly reduced; but the rifle range, Winthrop, has become a fertile source of infection. During the year 163 c of the aestivo-autumnal type were reported, originating mostl Central America and the West Indies. **b.** Native charges: malaria is reported from Guam, or Tutuila, Samoa; but it is preva at Cavite and Olongapo, P. I.

5. *Contagious diseases.*—**a.** Naval personnel: While these eases furnish a relatively high rate per thousand (105.14 for 1911 123.52 for the previous year), and are persistently a cause of g damage (196.10 for 1911), there have been no large epidemics their occurrence has been confined largely to those new in the serv and especially to those at training stations, where these diseases be considered endemic. Only two cases of *smallpox* occurred du the year. **b.** Native charges: A severe epidemic of *measles* vis Tutuila, Samoa, resulting in a death rate of 8.6 per cent, the c being confined to individuals less than 18 years of age, which c prises the population born since the last outbreak.

6. *Other diseases of this class.*—No *yellow fever* occurred during year 1911, but, due to unavoidable exposure in an infected So American port, there was an outbreak of eight cases on the *Yorkt* lasting from January 15 to 27, 1912, with a mortality of 25 per c

There have been only 36 cases of *diphtheria*, 12 of *cerebrospinal meningitis*, but *tonsillitis* shows a considerable increase as compared with previous years. No infection with *gangosa* has occurred among the naval personnel, but among the native population there are now 330 cases recorded in Guam, which gives a rate of 27.7 per thousand. *Leprosy* occurred in only one individual of the naval personnel during 1911, a Chinese mess attendant on the Asiatic station. (Another case was reported July, 1912, in the person of a Hawaiian on one of the ships of the Atlantic fleet.) *Filiariasis* has not been reported as occurring in the naval personnel; but among the native charges at Tutuila, Samoa, it is very prevalent.

C. VENEREAL DISEASES.

1. *Combined.*—The combined admission rate for venereal disease was 183.56 per thousand, and while this shows a considerable reduction from that for the previous year, it still exceeds the damage rate of any other disease.

2. *Singly.*—The three more important diseases under this group are alone considered. Syphilis shows an admission rate of 29.65 per thousand, gonorrhea 93.44, and chancroid 31.82, while the rates for the previous year were 24.24, 105.12, and 34.28, respectively.

D. SKIN DISEASES.

The occurrence of this class of disease is still greatest among those new in the service and causes a high degree of damage, the rate per thousand being greater than that for the previous year.

E. GASTROINTESTINAL DISEASES.

The rate for these conditions shows a slight increase over that for the previous year, but the reduction among midshipmen has been marked.

1. *Intestinal parasites.*—**a.** Naval personnel: The incidence of hookworm among recruits at the Naval Training Station, Narragansett Bay, R. I., has been studied and the results show that 28 per cent of men from the Southern States are infected, and of these 50 per cent come from South Carolina and Alabama. **b.** Native charges: Every native in Guam is infected with one or more types of intestinal parasite, the *Ascaris lumbricoides* being practically universal. In Tutuila, Samoa, it is estimated that 90 per cent of the population harbor the hookworm.

2. *Dysenteric affections.*—The rate per thousand for these conditions shows a reduction when compared with the previous year, and although most cases are reported from the Tropics, many are now returned as primary in stations in the temperate zone.

F. OTHER DISEASES.

1. *General.*—*Mental diseases* show a slight increase when compared with the previous year, while *alcoholism* has decreased. Several unusually severe cases of *poisoning by jellyfish* have been reported from Philippine and West Indian waters, and several cases of *ptomaine poisoning* occurred on one of the ships of the battle fleet, due to the use of undressed, cold-storage fowl. Among the natives of Samoa the so-called "Samoan conjunctivitis" (a disease resembling tra-

choma) is very prevalent, but as yet no cases have been reporte among the naval personnel.

2. *Occupational.—Lead poisoning* is now recognized to be mor common among the naval personnel than was formerly suppose and its incidence is not confined to painters. It has also been foun to exist in a severe type among certain of the civilian employees navy yards, especially those engaged in manufacturing and mixin paints. True cases of *heat exhaustion* are not common in the Nav and are practically confined to the fire and engine room force, bu the condition of thermic myalgia, or *heat cramps,* is quite commo among this same occupational group. Several mild and a few seve cases of *caisson disease* have occurred among divers.

G. INJURIES.

The admission rate per thousand for injuries still remains hig although there has been a certain amount of reduction from that bot for the previous and the "average year".

1. *General.—Flat foot* and *hernia* still cause a considerable degr of damage, but there has been a reduction from that recorded for th previous year.

2. *Occupational.—Eye strain* and *injuries* to the visual apparat resulting from the use of *telescopic sights,* the *periscope,* and hig powered *searchlights* are still evident, and it has been found th many gun pointers and trainers have a considerable degree of astig matism, which unfits them for the duty they are performing, whi the use of the periscope has not infrequently resulted in temporar double vision. The constant necessity for the employment of *art ficial illumination* below decks still produces its bad effects, mor especially among the clerical force, and the incidence of *foreign bodie* (coal dust and cinders) in the *eyes of the fireroom force* has been marke giving rise not so much to serious injury as to a loss of time an efficiency. On one of the armored cruisers of the Pacific Fleet durin a forced-draft run 5 per cent of the firemen needed attention on thi account, necessitating an average loss of service of five minutes each

H. DEATHS.

Drowning has given rise to a greater number of deaths than an other one cause during the year, as it did last year; but the rate ha been reduced, while the deaths from *suicide* are double those of th previous year. *Unusual causes* of death have been reported; thre from hanging, and one each from inhalation of chloroform (sel administered for the relief of neuralgia), and lightning stroke, th latter occurring at Winthrop, Md., 2d June, 1912.

II. CURATIVE MEASURES, HYGIENE, AND SANITATION.

A. GENERAL REMARKS.

The careful and accurate observations of the medical officers of th Navy and the intelligent interpretation of statistics have pointed ou to the bureau more clearly than ever before the spots in our armor defense against disease that must be strengthened. The policy requiring *annual and monthly sanitary reports* from the various shi and shore stations has again proven its value, and coupled with th willing support of the Navy Department, has enabled the bureau to rectify many insanitary conditions of which otherwise it would have been in ignorance. The new and recognized *methods of medical and surgical treatment* have been adopted, and the bureau has made special effort to keep *medical officers, qualified in special branches*, on duty at the important hospitals and in the fleets. In the case of the fleets it has been impracticable to carry out this latter plan as fully as desired owing to the lack of much needed *hospital ships* on the Pacific and Asiatic stations. In the Pacific Fleet *temporary camps for convalescent patients* have been established from time to time where the vessels were assembled at some convenient point, resulting in rapid recuperation, thus doing away in many cases with the necessity of transfer to a hospital and the consequent loss of time and necessary substitution of untrained for trained men and therefore reduction in fleet efficiency. The *care of the natives at Guam, Samoa, and in the Philippines* continues to be of great value to these people and a source of interest and instruction to the medical officers of the service. The medical and surgical clinics at the Cañacao hospital have been extended, and now all the emergency operative work for Cavite Province is performed at that hospital, a marked advance along humanitarian lines. The establishment of the *office of first lieutenant* has proven a great aid to the prosecution of sanitary measures on board ship. *Cooperation of municipal authorities* with the medical officers of the Navy has in certain instances been of inestimable value to the service in reducing the damage from disease, notably at Norfolk and other towns adjacent to Hampton Roads and at Cavite and Olongapo, P. I. On the other hand, lack of such cooperation has led to much unnecessary discomfort and morbidity.

B. GENERAL HYGIENIC AND SANITARY FEATURES.

1. *Relative to force afloat.*—**a.** Physical exercise and recreation: The *setting up drills* should be participated in by all officers and men. The present character of these exercises is not satisfactory, and it is probable that a further study of the system that has been recently introduced at the Naval Academy will develop its adaptability to use throughout the service. In addition to those exercises prescribed, the individual use of the Müller system is strongly urged. *Swimming.*—Officers and men should take every opportunity to indulge in this sport, and especially to master the art of swimming in rough water. It should be engaged in not only for its beneficial effects as a healthful exercise, but also for its distinct value as a life-saving measure in emergency. *Rowing, sailing, fishing,* and *hunting parties.*—In addition to the compulsory drills in rowing and sailing, the ready availability of boats for voluntary exercise of this kind and for fishing and hunting parties would add greatly to contentment and result in a marked improvement in general health.

b. Disposal of waste: (1) Garbage and trash.—Three different types of *incinerators* have been tried on battleships of the Atlantic Fleet, and all have demonstrated the practicability of the scheme, but that upon the *Louisiana* has proven the most satisfactory. Apparatus of this kind should be so installed as to minimize the dissemination, to neighboring compartments, of the heat generated, and the hopper should be so placed as to reduce the difficulty of passing the garbage

from it to the drying chamber. These two requirements have
been fully complied with in those now in use.

(2) Human excreta.—*Crews' heads.*—The present types of *trou*
(from the standpoint of depth, width, system of flushing, etc.) do
conform to sanitary standards, and are a menace to health.
seats made of a single piece of close-grained wood have been instal
for trial and have many advantages over metal seats. *Live steam*
been used in certain vessels for cleansing and sterilizing, and the pr
tice should become universal. For obvious reasons the *location*
crews' heads should not be confined to one part of a vessel. *Wa*
closets.—Several types now in use have inherent defects as well
those due to methods of installation and location.

c. Water supply: (1) Scuttle-butts.—On certain vessels wh
two large scuttle-butts are provided both are forward, and the ne
of the crew would be better conserved if one were placed forward
one aft, and, further, small sized scuttle-butts should be placed in
and engine rooms. It has been found in one vessel that the wa
water from the scuttle-butt drained into the fresh-water sup
used in the scullery, which indicates that all such drains should
carefully scrutinized with a view to their emptying into the steam
tanks.

(2) Sanitary drinking terminals.—The "bubbling spring" typ
drinking terminal is gradually replacing the old style, comm
drinking cup, and should absolutely supplant it, and *all* vessels sho
be so supplied as rapidly as possible. The reports unfavorable to
present type of terminal are based largely upon incorrect method
use, and it should be seen to that those who fail to properly use th
valuable aids to disease prevention are instructed.

(3) Steam launches and boats.—The present method which fo
the crews of small boats to obtain their drinking water from a brea
by sucking it up through a glass tube, common to all, should be ab
ished, and individual canteens supplied to each member of a bo
crew.

(4) Common openings for salt and fresh water.—This arrangem
has practically become obsolete, but the condition has been repor
(during the year) as still existing on one of our vessels. In ev
instance these openings should be made distinct.

(5) Distilled water.—The waters of certain harbors, when distil
have a disagreeable taste (the flavor of kerosene has been note
water distilled from New York Harbor), and when a reliable sup
from shore can be secured it should be used under such circumstan

(6) The use of harbor water for cleaning purposes.—Water fr
harbors markedly polluted with sewage (notably New York, Ph
delphia, Baltimore, and Norfolk) should not be used for scrub
decks, cleaning paintwork, etc.

d. Ventilation and heating: (1) Forward compartments of bat
ships and armored cruisers.—That the ventilation of these comp
ments, at sea, is still an unsolved problem is witnessed by the fact t
in certain instances they could not be occupied for a considera
period (notably in the case of the *Washington*, where the sick bay
to be abandoned and the sick moved to another part of the vess
The necessity for intakes on the superstructure is imperative,
some method to accomplish this end should be devised. Offic
quarters, on some of those vessels in which they are located forw

have only natural ventilation, which is at certain times inadequate, and should be supplemented by artificial ventilation, as has been done on the newer type of vessel in which this arrangement of quarters is found.

(2) Funnel uptakes.—These great aids to ventilation are frequently entirely or partially blocked by using the platforms for stowing coaling gear, etc. They should be left free of obstructions in order that the maximum benefit may be realized.

(3) Central control stations.—All such stations are in urgent need of better ventilation in order that those assigned to duty in these compartments may be depended upon to perform their important functions uninterruptedly under battle conditions.

(4) Combined heating and ventilating systems.—This method is a good one in principle, but as at present installed on certain ships it has not met with complete success. The defects, from a sanitary point of view, are as follows: (*a*) Low relative humidity of air as delivered; (*b*) inability to maintain an equable temperature in all compartments supplied; (*c*) the necessity for shutting down the supply of heat during "coaling ship" (noticeably in northern climates in winter weather; in the case of the *Vermont* the direct method of heating used in adjacent compartments was not sufficient to warm the sick bay when its supply from the indirect system was shut off by reason of coaling ship); (*d*) the drawing in and distribution throughout the ship of insects. There is now on the market an apparatus designed to rectify these defects which has been successfully used in merchant steamers, and it is urged that this system be adapted to and installed upon naval vessels.

e. Facilities for personal cleanliness: The *increase* in the *allowance of fresh water* for bathing purposes has been markedly beneficial The *provisions for bathing* in the case of the crew are universally inadequate and more space and an increase in the number of fixtures is urgently needed. *Facilities for washing the hands after visiting the "heads"* are imperative. *Laundries* are of great importance in limiting the spread of disease and their installation on shipboard should be more extended. Wherever practicable the size should be such as to permit of their use by the crew. (One ship of the battle fleet has had this principle in practice for some time, resulting in benefit to the crew and a saving of fresh water.)

f. Deck coverings, hangings, etc.: Heavy *linoleum*, if properly laid and kept free from breaks, has proven to be the best form of deck covering, though the Venetian red used in the shellac is not unobjectionable; it wears off as a red dust, and apparently causes the linoleum to "pit." If the coloring were incorporated in the body of the linoleum and the gum shellac dissolved in grain alcohol, this would very probably be avoided. *Canvas* can not be properly laid, deteriorates rapidly, and harbors disease germs. *Rugs and carpets* in compartments subject to much traffic are a menace to health and should only be displayed on state or festive occasions. *Curtains, portières, etc.*, have no place on a modern man-of-war, unless made of washable materials.

g. Structural defects from a sanitary point of view: (1) Insulation of ships' sides.—This has been found to be insufficient in certain vessels, such as the scout cruisers, and gives rise to excessive heat or cold under extremes of climate. In torpedo boats and destroyers, in addition to this condition, sweating of the sides is marked, leading unhealthful dampness.

(2) Gunports.—When certain vessels are at sea, notably t armored cruisers, water gains entrance through the gunports to t gun deck, used largely as living and recreation quarters by the m In rough weather this amounts to flooding with 2 to 3 inches water, thereby doing away with all comfort and causing much unn essary exposure. It is urged that special effort be made to dev some style of gunport which will obviate such objectionable a insanitary conditions.

(3) Ladders.—The present style of ladder, with lattice trea leads to much discomfort and is unhygienic; a different patt should be substituted which will not so readily catch the dirt and c be easily cleaned.

(4) Lockers.—The great difficulty of cleaning behind the numer lockers as now installed close against the bulkhead or ship's side recognized. This should be obviated by leaving no blank spa around the lockers which do not permit of easy access.

(5) Junction of deck with bulkhead or ship's side.—At pres the method used leaves an angle difficult to clean and well adapt for the accumulation of dirt. This should be remedied by the est lishment of a cove base at all such junctions.

(6) The forward location of officers' quarters, besides being obj tionable, is open to criticism from a hygienic and sanitary standpoi

(7) Unnecessary use of cork paint.—This is frequently seen a gives rise to additional and unnecessary surfaces that readily cat dust and are difficult to clean.

(8) Bunk railings.—To prevent accidents and conduce to comfo bunks on torpedo boats should be provided with side guards.

h. Periodic disinfection of vessels throughout has been inaugurat and will be generally carried out before ships are recommissioned af going in reserve.

2. *Relative to force on shore.*—**a.** Physical exercises: The p sonnel on shore has ample opportunity for a variety of physi exertion in addition to those prescribed, and every one should ma an effort to engage regularly in some form of outdoor exercise. T new system of physical drill established at the Naval Academ should be introduced throughout the service. *Midshipmen* of t upper class were included this year, for the first time, in the compulso exercises at the Naval Academy, and beneficial results have be evident, as is also true of the establishment of a swimming beach that place, whereby these young men obtain the benefits of salt wa bathing.

b. Disposal of waste: (1) Garbage and trash.—The best method freeing a community of its garbage and trash is by *incineration*, thou in many localities removal by contract with outside parties is availa and satisfactory. Whichever method is used, the waste should kept, while awaiting removal, in metal cans inclosed in fine-me wire cages, and the cans should be periodically cleaned. "Ro pile" incinerators are being used at Guam for garbage, manure, a trash with great satisfaction. An incinerator is being built at t torpedo station, Newport, R. I., and this system of disposal is vogue at the naval training station and hospital, Great Lakes, I and at the Mare Island Navy Yard. Incinerators are urgen needed at the training station, San Francisco, Cal., and at the naval station, Olongapo, P. I.

(2) Human excreta.—*Incinerators,* both of manufactured and emergency types, have proven of inestimable value, and are far superior to any system of latrines, no matter how carefully the latter may be managed. In Guam the material resulting from the use of the "pail system" is readily destroyed in "rock pile" incinerators. Such an arrangement might easily be adapted to conditions at Olongapo, P. I. Extensive *sewer systems* are being laid in Guam which, it is believed, will result in a marked diminution in the intestinal affections so prevalent among the natives. *Public latrines* are being installed in Agaña, Guam, to reduce soil pollution and limit the number of disease-spreading foci. *Water-closets and urinals.* The few remaining "outhouses" overhanging the water along the the sea walls of the navy yards are a menace to health and should be replaced by proper water-closets and urinals connected with a sewer. In navy yards there is urgent need of such facilities for visitors of both sexes, and they should be provided as soon as practicable.

c. Water supply: (1) Wells.—The water from the artesian well supplying the navy yard, Philadelphia, Pa., has been found to be unsafe, and this source is no longer used for domestic purposes. The Port Royal station now receives an additional supply of pure water from artesian wells driven on the reservation. The supply of distilled water at the naval station, Cavite, P. I., has been supplemented by the driving of an artesian well which furnishes a potable water. The supply for the hospital at Las Animas has been increased and the system of distribution improved and extended.

(2) Impounded rain.—Those stations depending for their supply upon gathered rain water report that the amount is insufficient and the quality not above suspicion. This is particularly noticeable at Tutuila, Samoa, and the magazine at Fort Mifflin, Pa. In such cases this supply should be replaced or augmented by plants for furnishing distilled or boiled water or by artesian wells.

(3) Rivers and lakes.—The filtration plant of the training station, Great Lakes, Ill., is apparently effective. It yields a sufficient and potable supply, although there is undoubtedly some pollution of the lake by sewage from neighboring towns in which typhoid fever is endemic and at times epidemic. The artesian supply for the navy yard, Philadelphia, Pa., has been replaced by the Philadelphia city water with apparently satisfactory results. The great improvement in conditions in Agaña, Guam, resultant upon the establishment of an ample and good water supply from the Fonte River is manifest, and the other towns of this island should be similarly supplied. The naval magazine, Fort Mifflin, Pa., uses, for flushing and washing purposes, the untreated Delaware River water, saturated with the sewage of Philadelphia. This condition is hardly believable, and the risk involved makes other provisions imperative.

(4) Distilled and boiled.—Certain stations have been greatly benefited by the installation of distilling plants involving great expense, but lack of funds has prevented their establishment at points in great need of a pure water supply. The system of furnishing boiled water from a large central plant is a much cheaper method of obtaining a safe and potable supply, and its use, where applicable, is urged.

(5) Sanitary drinking terminals.—This type of faucet has alrea been installed at many of the shore stations, and its use should universal.

d. Dust: The grave dangers associated with the dust nuisance the training stations at Newport, R. I., and Great Lakes, Ill., and the Las Animas Hospital have been greatly reduced by increasi vegetation, watering and oiling, and this effort should be persisted

e. Vessels in dry dock: Sanitation of vessels in dry dock is unsat factory. Under the existing conditions there are no proper pro sions for bathing or disposal of waste, and the arrangements for heati ships and the baths and water closets ashore are not adequate. T installation of apparatus which would permit of the vessel continui in the same status as when afloat would obviate these difficulties, b a better method appears to be the construction of barracks for t housing of the personnel of all vessels undergoing repairs at navy yar and the adoption of this plan is again urged.

f. Periodic disinfection of barracks has been instituted at the Gre Lakes Training Station, and, should results warrant, will be adopt elsewhere.

g. Swimming pools: The subject of the proper disinfection of wa in swimming pools is an important one, and the use of free chlori gas, furnished in tanks under pressure, is being considered.

h. Disinfectors: Combined steam and formaldehyde disinfect of large size have proven to be indispensable at the training statio and their installation at all navy yards and stations is urgently neede

i. Silent signal system: This system for calling nurses in hospita has been found to work well in the naval hospital at the traini station, Great Lakes, Ill., and is a most valuable aid in maintaini quiet. Its use in all new naval hospitals is contemplated should fun be available for its installation.

j. Canteens: The establishment of canteens, under proper restr tions, at isolated hospitals has been found conducive to contentme among patients and hospital corpsmen, as they are thus enabled obtain nonalcoholic drinks, candy, stationery, tobacco, etc., witho leaving the hospital grounds.

3. *Relative to force both ashore and afloat.*—a. Physical exercis It appears that the monthly exercise prescribed by General Order N 193, of June, 1912, would result in greater benefit and lead to mo contentment if each officer were permitted to select the form of exerci he prefers, certifying at regular intervals as to its character a amount.

b. Ration: That the *ration in the Tropics* should contain a low percentage of protein than in the northern latitudes is well recognize but in our Navy the matter has not received the attention it deserv With the flexibility of the present ration no radical change need made, as the end may be accomplished by intelligent cooperation the medical and pay officers in individual cases, as was done on t *Connecticut.* The waste arising from improper methods of *handli* frozen meat is surprisingly large, and might be obviated by establis ing well-considered rules dealing with its storage, transportation, a thawing. No contracts for *frozen undressed fowl* should be made, such food is a menace to health.

c. Mess gear and some articles of ship equipment: (1) Mess gear.- The enamel ware now in use is far from satisfactory, largely by reas of chipping, and persistent efforts should be made to find a substitute in some metal applicable to this use. Certain articles are of a *shape* that renders them extremely difficult to clean, notably the syrup jug, coffee pot, and butter dish, and more suitable designs should be adopted. A *food carrier* on the general plan of those formed by superimposed sections with close-fitting edges held in place by perpendicular straps is needed, and could be readily adapted to the present style of pan used for distributing food to the mess tables. It is urged that all *mess gear be boiled* in the washing machine at least once a day. The urgent necessity for substituting a *metal meat tub* for the present wooden type is realized, and the change can not be made too promptly.

(2) The utilization of metal *spit kits*, which has already been inaugurated, is a step in advance, and the old style should soon disappear entirely.

d. Methods of cleaning: The present methods of cleaning, when applied to compartments and rooms, are insanitary, laborious and waste much valuable time which might well be devoted to other important duties bearing upon military efficiency. *Vacuum cleaners* installed in all vessels, barracks, and offices would do away with these objections and produce a more thorough result. "*Swabs*," as used, are a menace to health, and their employment detracts from rather than adds to cleanliness. If used, they should be thoroughly boiled out in lye water three times a week.

e. Clothing: Under existing conditions there is no proper provision for the protection of the personnel when campaigning in northern latitudes in the winter season. Likewise, there are certain articles of clothing authorized for tropical service which are manifestly unfitted for those climatic conditions. The attainment of the highest degree of simplicity and serviceability, with due regard for adaptability to climatic and other hygienic and sanitary conditions, requires the most careful study, and it is urged that a special board be appointed to investigate and report upon this subject.

f. Barber shops: Improvement in conditions surrounding this fertile source of disease has been marked in certain vessels and stations, and there is a general tendency toward betterment throughout the service. The ends desired would be attained more rapidly and more certainly if a policy were inaugurated to definitely set aside a room for this purpose only, to be furnished and equipped by the department in such manner as to meet the requirements of the most advanced city ordinances, and the bureau urges that such a plan be adopted and put into effect.

C. SPECIAL HYGIENIC AND SANITARY FEATURES.

1. *Relative to general infective, venereal, and other diseases.*—a. *Tuberculosis*: A determined campaign against this disease has been undertaken. Special effort is made to eliminate incipient cases and those showing predisposition at the recruiting stations, recruiting depots, and detention barracks; also to detect cases developing among the personnel at the earliest possible moment with a view to the immediate adoption of precautionary measures and the ultimate elimination of these patients from active service. Warnings and instructions have been promulgated verbally and by circulars, and in Guam and Samoa particular efforts toward limiting the ravages of this disease among the native population have been made.

b. Typhoid fever: *Prophylaxis by inoculation.*—The compul
use of typhoid prophylactic was inaugurated January 1, 1912,
the inoculation of practically the entire naval personnel has
completed without a single serious result or casualty. Only a s
fraction of 1 per cent had reactions necessitating rest in bed,
but a small percentage of individuals required to be excused
duty. As this policy has been put into effect so recently, it is
practicable to formulate any comparative data relative to the ra
the disease, but reports, made in response to a bureau circular le
show that, in men who had received the three injections,
one authentic case of typhoid has occurred, although three
reported as such in which laboratory findings failed to verify
diagnosis. One mild case occurred in a man who had had but
inoculations. One officer, known to be a typhoid carrier, was fo
to be free of the typhoid bacillus subsequent to receiving the t
injections required. The prophylactic administered to the perso
on the Asiatic station was prepared at the naval hospital, Caña
P. I. The adoption of the most recent advances in *diet* has mater
reduced the convalescent period of typhoid patients, and the spor
cases that may occur in the future will resume their duties r
promptly. Its prevalence in the towns near one of the trai
stations has made it necessary to take special precautions at
place, and it is reported that one of the large ports of the Un
States, formerly remarkably free from it, now has a high rat
infection, and we must therefore consider this city among
"typhoid ports." The recent outbreak at the training stat
Norfolk, Va., was considered to be due to unsatisfactory condit
existing both on the station and in the near-by towns, and this c
sion has led to a most commendable effort on the part of the mu
ipal authorities toward their correction, a movement which
been met by the active cooperation of the medical officers of the N
and already shows most promising results. The epidemic on
West Virginia was considered to have resulted from the presenc
a typhoid carrier, associated with the overflowing of the crew's
and the prevalence of flies. A possible source of infection at G
tanamo, Cuba, is swimming at Hicacal Beach, which practice sh
be discontinued. It is necessary to make special effort to pre
the importation of typhoid into Guam and to limit its sprea
Tutuila, Samoa, where it has so recently appeared.

c. Epidemic cerebrospinal meningitis: Antiseptic nasal do
ing of newly arrived recruits has been employed at a certain n
training station in an effort to limit the number of infections
this disease.

d. Gangosa: Segregation is practiced, coupled with instruc
relative to the necessity for cleanliness, isolation, and the repor
of cases, and the use of mercury, iodine, and salvarsan in the tr
ment of this condition has resulted in a material improvement in
situation.

e. Leprosy: Segregation is strictly carried out and instructio
given relative to the necessity for cleanliness, the destruction of
bugs and the isolation and reporting of cases. All lepers at G
have been transferred to the colony at Culion, P. I., and cases deve
ing subsequently will be similarly deported.

f. Plague: For vessels cruising in the waters of plague-infected countries a fuller realization of the importance of rat guards and other precautionary measures and the promulgation of rules regarding them are needed. This is particularly important in view of the recent outbreaks of this disease at Habana, Cuba, and San Juan, P. R.

g. Contagious diseases: The training stations both on the east and west coasts are a menace to the efficiency of the personnel afloat owing to the more than occasional transfer, to ships, of men with certain of these diseases in the incubation stage. Time and expense would be saved if all drafts were isolated the required period prior to sending them to sea.

h. Intestinal parasites and gastrointestinal disorders: Since examination has shown a suprisingly high incidence of hookworm among the naval personnel, especially in men from the southern part of the United States, the routine examination and treatment of recruits from this source is advisable. Quarterly compulsory examinations and treatment for intestinal parasites in the naval personnel and natives of Guam have been established, and limitation of numbers in the medical department alone prevents the inauguration of a like measure in Samoa. A marked reduction in the morbidity resulting from gastrointestinal disorders has been obtained among midshipmen by the establishment of the Naval Academy dairy.

i. Insect-borne diseases: (1) Campaign against the fly: The following circular letter was sent to all medical officers, and since its issue many requests for copies have been received from various outside sources.

The following facts in connection with the life history of the house fly (*Musca domestica*) will be of value in the adoption of measures for the prevention of the development of these dangerous pests.

Of all material which is favorable for the breeding of flies, horse manure, especially when fermenting, has the first place. This fermentation process goes on best when the manure is piled up in heaps. Other favorable breeding media are found in poultry yards, pig pens, and even in heaped up masses of waste paper or old rags. Vegetable refuse as found in garbage is also a medium of importance. Cow manure is not a favorable medium, probably due to the excessive amount of moisture it contains. Very dry or very wet manure is not liable to breed flies. Last, and most important from the standpoint of transmission of typhoid fever, dysentery, and cholera, is human excrement. When privy systems are in use the utmost care by screening should be taken to avoid access of flies to the fecal material.

The fly eggs are usually deposited in crevices near the surface of the manure or refuse heap, and the larvæ hatch out in from 1 to 3 days. The period may be as short as 12 hours. The larvae or maggots mature under the most favorable circumstances in from 5 to 8 days. If conditions are not favorable for fermentation the period may be lengthened to a month, or longer. The pupal stage is passed through in from 5 to 7 days when conditions are favorable. From the above it will be seen that under favorable conditions flies may develop in from 10 days to 2 weeks.

Of foods liable to be dangerously contaminated by flies carrying the germs of typhoid, dysentery, or cholera, milk is easily the first. The danger of infection from meat or vegetables contaminated by flies is of less degree.

Flies probably do not fly more than 200 yards, but they may be blown by winds for considerable distances, in all probability for 1 or 2 miles. They rarely will be found to fly higher than 75 feet.

The following measures are accepted as the most practical for the handling of the fly problem during the season of their development (Apr. 1 to Dec. 1 in this lattitude):

1. Thorough screening of all places in which food is prepared or served.
2. All manure from stables, poultry yards, etc., should be removed at least once a week and buried in pits covered with soil, or placed in screened receptacles.
3. The greatest care should be taken of the garbage, and garbage fly traps for garbage cans are to be recommended.

4. For the capturing of flies, large traps 2 to 3 feet square, made of wire-scree
with entrance of the character used in the smaller fly traps, will give the best
when flies are very numerous. A very satisfactory bait is cane sugar syrup wor
in bread.

5. Under no circumstances should manure be heaped up in piles about g
The manure should be brought from its screened receptacle or soil-covered
quantities sufficient for immediate use, and worked into the garden soil and c
by the soil as soon as possible.

The danger, as stated above, from very dry or very wet manure when scatter
a surface is probably slight.

It is to be remembered that flies breeding on adjacent premises may (possib
distance of a mile) make the measures adopted apparently failures.

Weak *formalin* solution has been found to be the best and
universally available poison, while in Guam, arrangements have
completed for the introduction of the fly parasite, *spalangia cam*
The *screening* of all sick bays, galleys, mess halls, and exposed f
rapidly advancing, and all heads and toilets should be sim
treated.

(2) *Campaign against the mosquito.*—Screening, mosquito
draining, clearing, oiling and the use of larvacides, and restrict
liberty to daylight hours are well established principles in in
districts. When the possibility of an epidemic of *yellow fever* t
ened Honolulu, the personnel of the Marine Corps rendered va
aid to the municipal authorities in carrying out preventive mea
The recent epidemic of yellow fever on the *Yorktown*, alth
throwing grave and urgent responsibilities upon the Medical D
ment, was promptly controlled by proper sanitary methods,
enabling the vessel to remain in waters where military nec
demanded her presence. When vessels are in ports in which mos
borne diseases prevail, the *canopies of launches* should be thoro
brushed out on each return trip from shore, in addition to other
nized precautions.

j. Venereal diseases: The present system of *prophylaxis* i
entirely satisfactory and the results are disappointing, but th
provement noted is sufficient to warrant its continuance and s
lead to greater effort. Delay in obtaining treatment, personal
tion of patients and medical officers, and improper use of ca
enter into the failure to reduce the morbidity to as great an e
as expected. The element of time is of great importance, as
was a markedly lower percentage of failures of prophylaxis a
those receiving it before 18 hours had elapsed after exposure th
those taking the treatment subsequent to that time. Further
the reports from vessels and stations where prophylaxis has bee
untary do not show as much improvement as those from vesse
stations where the treatment was compulsory. The major
medical officers have recommended the substitution of the ve
packet for the present method, but there is reason to believe th
method is open to even more objections than the one now i
Treatment for those who return from liberty within 18 hours
exposure and packets for those going on extended liberty
undoubtedly result in greater benefit.

Salvarsan as a treatment for syphilis will undoubtedly di
the time lost to the service by reason of this disease, and, further
it has rendered such cases far less of a menace to their asso
The discrepancy between the first part of this statement an
figures shown in the statistical tables is only an apparent one,

due to the present custom of sending all cases of syphilis to the hospitals for the purpose of receiving the injections of salvarsan and of keeping them there one month for observation, whereas formerly such individuals were merely entered for record, and the long period during which they were receiving treatment failed to appear among the sick days. The general issue of this drug to ships, although it would result in a still greater saving of time, is a questionable expedient.

k. Mental diseases.—More thorough and painstaking examinations and more intimate knowledge of psychology on the part of recruiting officers, the study of the temperamental qualifications of applicants for certain ratings, and the more general application of healthful exercises and recreation will undoubtedly reduce the damage to the service from these affections.

2. *Relative to occupational diseases and injuries.*—a. Eye strain in gun pointers and those who use the periscope: Careful original selection is practiced and periodic examination of vision should be made, followed up by intraocular examinations by an expert in those cases where the vision is found to have fallen below eighteen-twentieths.

b. Injury to ears from gunfire: Many appliances for the protection of the ear against this source of injury have been submitted and examined, and practical tests of some of these have been carried out in two fleets, but a device complying with all requirements has not yet been found. Thus far the Frank ear stopple has proven the most satisfactory, although there has not yet been opportunity for a thorough trial of the new type of Elliott ear protector.

c. Injuries resulting from artificial illumination: Much has been accomplished toward improving the illumination on the vessels of our Navy, but it is still in a most unsatisfactory state, and additional investigation of this subject is desirable. Injury resulting from *searchlights* has been largely remedied by the use of electrician's glass to eliminate the ill effects of intensity and "Hallauer" glass to absorb the actinic rays, and the use of such glasses should be compulsory. Better facilities for reading and studying have been provided for the enlisted personnel, but they are still far from satisfactory. In many instances the glare of *white interior* decorations has been relieved by proper tinting of bulkheads.

d. Drowning: Through the inauguration of *compulsory swimming exercises* and the establishment of a required standard, the health of the personnel has been benefited, and the death rate from drowning will be reduced. Great moral support resulted to this movement by the withholding of commissions of certain midshipmen who failed to meet the requirement. Types of apparatus for the *resuscitation of the apparently drowned* or those overcome by noxious gases have been investigated and one is being given a trial on the hospital ship *Solace*. Since they will undoubtedly aid in reducing the mortality from this condition, their issue to all submarine tenders and to one ship in each division will be undertaken.

e. Lead poisoning: A campaign to reduce the incidence of lead poisoning, both among the personnel of the Navy and the civilian employees of the department who are exposed, has been inaugurated, and the following circular letter has been issued to all medical officers:

> The bureau desires to have the question of lead poisoning among the personnel on shipboard and at navy yards given careful investigation. It is therefore requested that particular care be taken to determine the existence of such cases and that a full

report be submitted in each instance, indicating the probable mode of lead tion, symptoms, course, and termination, with recommendations regarding th tion of appropriate preventive measures. Particular attention is invited to an in the April issue of the Naval Medical Bulletin by Medical Inspector E. R United States Navy, regarding lead poisoning through the inhalation of re laden dust.

The following data are pertinent to the investigation of this subject:

Lead poisoning in persons in the Navy may be brought about in the followin

1. Ingestion of lead as the result of taking food without properly washing th and face after painting.

2. By inhalation of lead-laden dust in compartments where lead dust is pre a result of chipping old lead paint or otherwise. This dust may also be swallo the saliva or at the time of eating or drinking.

3. By solution in the sweat of red or white lead deposited on the skin and subs absorption through the skin. Lead absorption by this method is of slight p importance.

4. Methods of poisoning by lead through drinking water or in coloring matter are of less importance in the naval service than in civil life.

There are four chief types of lead poisoning: (1) Lead colic; (2) lead ence athy, in which the central nervous system is prominently effected; (3) the per neuritis type, as shown in "wrist drop"; and (4) lead cachexia.

If the period during which the lead poisoning has taken place be short, the n tations are chiefly those of colic or lead encephalopathy. In the diagnosis poisoning, the blue line on the gums is the most constant and easily observe The value of this sign is chiefly negative. as probably more than one-half of thos ing in lead but not having lead poisoning show it. The typical blue line is gums, commencing at the tooth margin. Associated with this lead line, in poisoning, will probably be found anemia, loss of appetite, metallic taste, foul and spots before the eyes. Headache is often a prominent feature of lead poi A tendency to nausea, with a sense of weariness, is suggestive.

With lead colic, the pain tends to center at the navel, but may be complain the region of the appendix. The patients are very restless and tend to roll The pulse is slow, small, and of high tension. Constipation is the rule, and it may relieve the colic.

In lead neuritis, the wrist drop is usually preceded by pain or numbness of th cles of the forearm. It is usually bilateral, but the extent of the involvement two sides varies. In lead encephalopathy, epileptiform seizures are the most c manifestation. Workers in lead who give absolutely no signs of lead poisoni show as much as three parts per million of lead in the urine. This finding, like t line, is more confirmatory than diagnostic. A simple test for lead in the urine described by von Jaksch: Place a strip of bright magnesium ribbon in about 3 of urine and add 2 grams of ammonium oxalate. After 2 to 12 hours remove the sium strip, wash in distilled water, and dry it. Next warm the strip with a cr iodine in a watch glass over a low flame. The formation of the yellow iodide that lead has been deposited on the magnesium strip. It will show one part in of urine. (Considerable experience with this test is necessary for a proper inte tion of the findings.) A more satisfactory test is to dissolve the magnesium str the lead deposit in a very few drops of nitric acid. Then make alkaline wi solution. Next add acetic acid, drop by drop, until the solution is perfectly Finally add a few drops of a solution of potassium chromate, or bichromate, and n formation of a yellow precipitate of lead chromate. For the detection of minut tities of lead, more exact methods are necessary, involving concentration, dest of organic matter, and electrolysis. Such methods, however, are difficult of a tion.

As regards the value of punctate basophilia in the diagonsis of lead poison Thomas Oliver considers it of value, but unreliable, he having found the sign n in 40 per cent of his cases of plumbism. For this test, make a uniform smear on and stain according to the Giemsa or Wright method. Blue dots in the red cel punctate basophilia. The blue dots in lead poisoning seem larger and more s than those usually observed in secondary anemias for malaria or infection with parasites.

Prophylaxis.—Men working in compartments containing lead-laden dust wear some type of respiratory mask, and care should be taken that they do not fatigued, a condition which predisposes to lead poisoning. Alcoholics are parti susceptible to lead poisoning, and in particular to lead encephalopathy. In a of employment with lead a full meal should always be taken before commencing Thorough washing of hands and face before eating should be insisted upon, as bathing of the entire body daily. Chewing of tobacco while working with lead should be prohibited. The taking of tablets of sodium hyposulphite is to be recommended during the continuance of work with lead. About five 5-gram tablets may be taken daily. The wearing of gloves during the process of handling, grinding, or mixing lead paints is of great value in preventing poisoning. Clothing that is tight fitting at wrists and neck affords additional protection; cuts and abrasions should be protected until healed. When a workman conplains of symptoms of lead poisoning, he should be directed to report to the surgeon for observation, and should the diagnosis be affirmative he should be removed from further contact with the source of poisoning.

As regards treatment, it should always be borne in mind that potassium iodide should be used with caution in cases of acute poisoning, as lead deposited in the tissues may be redissolved and intensify the existing condition.

f. Injurious effects of duty on submarines: (1) Investigation of **air.**—The work of the board established for this purpose is partially completed, a preliminary report has been submitted, and the final report is expected in the near future. It is already apparent that this exhaustive investigation will be of great value to the service. (2) The *crews* of these vessels should be carefully selected, far more attention being paid to their physical condition and temperamental make-up. (3) The disposal of *waste* and the *inadequacy of heating* are subjects which require further study.

g. Accidents involving the rescue of personnel from compartments filled with steam or noxious gases: Types of oxygen rescue apparatus have been tentatively studied and it is urged that they be further investigated with a view to obtaining a form adaptable to use on board ship. After rescue, the resuscitation apparatus, previously mentioned, would be of inestimable value.

h. Caisson disease in divers: Since many mild and a few severe cases of this disease have been reported it is urgent that all divers and their assistants be instructed in the method of decompression ascent.

i. Conditions in fire and engine rooms: From the investigation of this subject inaugurated in connection with the speed trials and endurance runs the following conclusions are drawn: (1) The *cubic air space per man* is ample, but the necessity for greater circulation of air is very evident. (2) The *ventilation* is only fair, although it has been markedly improved on certain vessels. (3) The *relative humidity* is high in the engine rooms, but low in the firerooms. (4) Contamination with *noxious gases* other than CO_2 was not observed, but reduction in oxygen was considered marked. (5) The majority of the fireroom force complied with the *physical requirements*, but the standard is too low, the greatest deficiencies having been found among the coal passers. (6) *Heat exhaustion* was not so prevalent as *heat cramps*, but diseased conditions predisposed to both. The quantity of fluid imbibed apparently had no influence upon these conditions, but the number of cases of heat cramps was increased when fluids of low temperature were consumed. The addition of ginger to the drinking water apparently diminished the number of these cases. (7) The temperature of both fire and engine rooms was much lower than that of the adjacent compartments. (8) *Suspension of artificial ventilation,* except for brief periods, would be impossible.

j. Expeditions and landing forces: The recent expeditions of marines and naval landing forces have been accomplished with an exceptionally low morbidity rate, due to the well-directed sanitary measures of the medical officers, the able support rendered them by the officers in command of the various expeditions, and the excellent organization of the hospital corpsmen. One of the most difficult

features to cope with has been the proper protection of the
detachments of marines hastily placed upon inadequate transp
with the resulting overcrowding, exposure, and lack of proper l
accommodations. Since these sudden and unexpected calls fo
transportation of large bodies of men from the naval service mu
anticipated, it is imperative that properly equipped vessels of a
proportions be provided in order that the personnel may reach
field of military activity in the most efficient physical condition.
use of *iodine* in military surgery is a distinct advance, and new
of *expeditionary medical and surgical cases* have recently unde
trials with the marines in Cuba.

k. Temperamental fitness: The bureau is engaged in devel
methods for determining the temperamental qualifications of off
midshipmen, and enlisted men, in order that those who are the
rendered unfit for the service may be weeded out or prevented
entering, if possible. Certain individuals appear physically s
whose temperaments are such that they do not meet the requiren
of the Navy, and it is useless to attempt to overcome these s
comings.

l. General improvements: The sanitary conditions surrou
the civilians employed in the *foundry at the Washington Navy*
have been found to be unsatisfactory and steps have been tak
erect a new and modern building. The lack of ventilation existi
the *acid room* at the navy yard, Puget Sound, has been rectifie

D. NAVAL ATHLETICS AND PHYSICAL TRAINING.

A further study of the effects of spectacular athletics on the pe
nel of the Navy, and particularly on graduates of the Naval Acad
supports my attitude in this important matter as made known t
in previous reports. If, in gunmaking, we found we could emp
process of manufacture which would yield a gun that gave us
spicuous excellence at the first battle practice, but which was foll
by signs of undue deterioration afterwards, we would cast aside
a process and seek one that would produce more enduring qualit
one likely to turn out a gun that would give a good account of its
actual warfare—for which it was really intended.

So it is with the units of personnel that come out of the N
Academy. If high specialization in athletics at the Naval Aca
by a small group of men each year leads to an undue proporti
disability in this "twice-picked" group afterwards, then it is a m
for serious consideration, aside from the tendency of those not at
ically inclined to stagnate on the side lines. It is desirable to de
the kind of courage that leads to victory as well as the kind of co
that bears defeat manfully. Service conditions attend to this fe
of the development of officers afterwards. The immediate hazar
sport are inconsequential as compared with the future effec
overtraining and overstraining for brief periods, to be followe
years of relative physical quietude. The records naturally fa
take into account those whose physical disabilities are of su
character as not to cause their admission to the sick list, yet w
efficiency has been impaired by them. There are many such of
in the service who consult medical officers for cardiac irregular
obesity, or physical staleness—in other words, for conditions th

appears reasonable to attribute to overtraining and overstraining followed by periods of physical quietude exacted by service conditions. These cases do not become matters of record unless they are of such moment as to render the officers wholly unfit for duty, yet such influences in many instances materially affect the military efficiency of the individual and should be averted if possible.

In my opinion professional coaches should not be employed at the Naval Academy. Physical training and athletics should be so tempered as to be beneficial to all. They should produce a supple, agile, all-around well-developed individual, not a muscle-bound mass of brawn. The man who steps out of a boat, comes off the football field, or leaves the track should feel exhilarated by his exercise. Is it logical to suppose that the man who is lifted out of a boat, collapsed, or is carried off a football field or track in the same condition is not harmed thereby? Physical training and athletics should be under the direction of a properly qualified medical officer, who would be able to avert the harmful effects of abused athleticism, and who would be properly qualified to institute exercises beneficial in character. Those who have not been trained in anatomy, physiology, and pathology as well are not qualified to direct these exercises.

In studying naval statistics it must be borne in mind that midshipmen are carefully selected at the outset on the score of their physical makeup; in other words, they are picked men, while the athletic stars, we might say, are twice-selected picked men. They are the men, it would be reasonable to suppose, who would be best able to resist the ill effects of overtraining and overstraining, and who should, other conditions being equal, possess a comparatively greater expectation of health and longevity.

Twenty years ago the mad rush for athletic excellence had not reached its present pace; consequently, as sufficient time has not elapsed, we are not able to say definitely what the future has in store for this group. It might be well for athletic directors to point out to those who aspire to enter the mad race for lowering athletic records the penalty that will be likely to come in later years.

In previous reports to the department, the bureau has given at some length its attitude in regard to this subject. Included in these reports were certain data obtained from an examination of the medical records of 622 star, or specialized, athletes of the classes of 1892 to 1911, inclusive, at the Naval Academy, for the purpose of ascertaining the incidence of certain disabilities or abnormal physical conditions among them. These data and the opinion expressed by the bureau relative to the inadvisability of high specialization in service athletics, particularly at the Naval Academy, have aroused such interest both within and without the service that this examination has been extended to include a similar inquiry into the records of 580 of the nonathletic midshipmen, covering the same period of time. This was undertaken not so much in the expectation that the physiological question involved is susceptible at present of being answered definitely by mathematics alone as in response to a general request for further information. Given an equal number of specialized and nonspecialized athletes recruited from individuals of similar physique, subjected to a continuous system of training through a given period, a comparison of the two groups in reference to their morbidity and mortality would be of marked statistical value.

The result of the examination of the records of 580 nonathl
shows 22 casualties (retirements and deaths) as compared wit
casualties for the athletes, derived from the examination of
records, which shows that, despite the handicap in regard to
posedly better physical material, the casualty list for the athl
about equals that of the nonathletes. Further, it has been fo
that from those diseases selected to which athletics have a pos
or probable causative relation, there has been but 1 death an
nonathletes as compared with 6 for the athletic group. The nu
still in the service whose medical records show the listed abno
physical conditions is 187 for the nonathletes as against 198 fo
athletes. The following conditions or disabilities show an e
amounting to 50 per cent or more among the athletes: Art
sclerosis, valvular disease of the heart, cardiac irregularity, ca
dilatation, cardiac hypertrophy, gastric disturbances, albumin
general poor health, obesity, and tuberculosis, and various traum
lesions as well. It seems reasonable to suppose that the disabil
among the athletic class are largely due to spectacular athleti
and would not have been acquired had the overstraining and o
training not been indulged in.

It is therefore recommended that athletics in the Navy b
regulated as to avoid these deleterious conditions by the prohib
of endurance contests where the ability to win is largely, if
entirely, dependent upon brute force, and that rather the maxi
effort be made to develop a symmetrical, normal physique in
many instead of a highly specialized human machine in a few.
adoption of the Swedish system of physical training is earne
recommended for use not only at the Naval Academy, but throug
the entire service, as its effectiveness has been demonstrated not
at the Naval Academy during the past year, but in the Marine C
at those stations where it has been employed. This syste
physical training leads to a well rounded out development, alert
and agility, particularly desirable in a naval military organiza
Since the system was put into use at the Naval Academy, the
vious tendency of the first and second classes of midshipmen to r
grade in strength and weight has not only been checked, but an a
gain has been made. There has also been an improvement in
average weight and strength of the lower classes. These no
advances indicate that the trend of physical training at the acad
is in the right direction—i. e., the muscular development of
entire personnel to a higher but rational standard, rather than
production, from material already fit, of a comparatively few spe
ists, which from a service utilitarian point is useless, if not actu
harmful.

SECTION II.—*Operations.*

I. POLICIES.

A. ESTABLISHED.

1. *Educational.*—**a.** Naval Medical School: This institution pr
of increasing value to the service, not only in rounding out
practical education of medical officers recently admitted to the co
but also by performing expert laboratory examinations, by carr

on research work, and by developing laboratory methods adapted to the peculiar conditions found in the Navy. In addition, a valuable collection of pathological, helminthological, and miscellaneous specimens is being accumulated and classified, and the large library of bound volumes and current literature is being carefully indexed. Only seven assistant surgeons were graduated in April of this year, and there are only seven in the present class, although there are 53 vacancies in the corps (November 15, 1912). It was with regret that the spring course, devoted to the instruction of officers of higher rank, had to be abandoned again, owing to the deplorable shortage and the increasing demands of the service at large.

b. Medical and surgical conferences in the Atlantic Fleet: The conferences of the medical officers of the Atlantic Fleet were an interesting and valuable feature of the winter mobilization at Guantanamo Bay, Cuba. Between January 14 and March 14, 1912, eight meetings were held, with an average attendance of 20 medical officers. A number of valuable and instructive papers were read and discussed, some of which have been published in the Naval Medical Bulletin with a view of making these important matters more generally available.

c. Instruction of medical officers of the Naval Militia: This summer (1912), for the first time in the history of the Navy, a member of the Medical Corps was specially assigned to the duty of instructing medical officers of the Naval Militia in naval customs and methods during their practice cruises. It is the intention to assign a medical officer in the bureau to the additional duty of corresponding with the medical officers of this branch of the service, in order that they may be kept informed of the routine and usages of the corps and to supply them with available literature, so that they may be in closer touch with the regular Naval Establishment and more fully cognizant of their duties in time of war.

d. First-aid instruction of enlisted men by divisional officers: The establishment of this system is a marked advance and the benefit derived therefrom would have been more pronounced had officers fully appreciated its intent and the improved military efficiency which would result. It is reported that in the case of one ship of the battle fleet this drill was not carried out. In order to establish a definite and uniform method, a brief pamphlet on first aid is being prepared for the use of divisional officers. Moving-picture films depicting the actual application of first aid are also in the course of preparation and will prove of great value in furthering this necessary instruction.

e. Training of Hospital Corps men on board ship: Systematic and uniform instruction, beginning on shipboard and continued along more practical lines at hospitals, has been consistently carried out, and the plan has demonstrated its value. It is of particular benefit to hospitals, where the majority of patients need the care of experienced men. In order to bring it to a higher state of efficiency, a text-book for the Hospital Corps of the Navy is to be prepared, and medical officers will be required to make regular reports on the progress of each man.

f. Training of native nurses, Guam: Members of the Navy Nurse Corps are giving instruction to certain Chamorro women who show aptitude, with a view to establishing a corps of trained nurses for native patients. These commendable efforts have met with succe and additional nurses have been assigned to this station in order tl the work may be extended.

g. Instruction in hygiene for the rising generation of Chamorr An elementary course in hygiene and sanitation has been introdu into the curriculum of the common schools of Guam.

h. Medical circulating library: This feature of medical educati established on the hospital ship *Solace*, has proven of great value the medical officers of the Atlantic Fleet.

i. Open-shelf library: This system has worked admirably on hospital ship *Solace*, with very trifling losses. It would be a disti advance if established on all vessels.

2. *Economical.*—**a.** New accounting system for hospitals: T plan has for its object the establishment of a definite and uniform s tem of accounting, an accurate classification of expenditures, and authoritative record of current expenses and permanent constructi Certain new forms have been instituted, e. g., bill book, commiss ledger, receipt and expenditure voucher, and ration record, wh replace the old order book and all other forms previously used in t connection.

b. New bureau forms and methods: (1) Statistical—(*a*) A sh form for returns of enlistments and admissions to the service (al ishes Form X card). (*b*) A card form for combining detailed, qu terly statistical reports, relative to diseases and injuries, from in vidual hospitals, ships, and stations. (*c*) A sheet form for combin all statistical reports by diseases and injuries. (*d*) Graphic statisti charts of all important or prevalent diseases kept up to date. A system has been established whereby an accurate record is kept all sick days resulting both from admissions of naval personnel hospitals other than naval hospitals, and from sick leave. (*f*) T report of medical survey has been rearranged and simplified.

(2) Records of personnel—(*a*) Medical officers. The Rand adj table index, a system of loose slips forming panels arranged in b form, has been substituted for the old card index for keeping temporary record of ever-changing duties and stations. (*b*) H pital Corps men. In the future the duty of attending to these reco will be performed by a medical officer.

c. Naval insane: Hereafter, in appropriate cases, insane patie *during transportation* will be accompanied by a hospital steward such attendants as may be necessary. Doubtful and obscure ca will be sent to the naval hospitals at Cañacao, P. I., or Washingt D. C., where special *psychopathic wards* have been established the purpose of treatment and the application of expert diagno methods. All cases in which there is good evidence that the dise or a predisposition thereto existed prior to enlistment are surve and *discharged from the naval service* soon after their commitment the Government Hospital for the Insane, Washington, D. C.

d. Abandonment of naval hospitals: (1) Washington, D. C.— reason of the completion of the new hospital and the uselessnes the old one, the latter was abandoned May 26, 1911. Since t time an effort has been made to sell both building and property, the necessary legislative authority has not as yet been obtained.

(2) Puget Sound, Wash.—The old building formerly used as naval hospital and yard dispensary was abandoned for hospital purposes February 2, 1912, upon completion of the new hospital.

(3) The naval hospitals at Pensacola, Fla., San Juan, P. R., and Sitka, Alaska, were all abandoned during the year by order of the Navy Department.

e. Inspections of hospitals and of medical departments at navy yards and stations: These inspections, made by the Surgeon General at various times during the year, were of inestimable value in gaining accurate information whereby the affairs of these institutions could be more efficiently directed.

3. *General.*—a. Liability act of May 30, 1908: The first aid administered and house visits required under this act have again made great demands upon the medical departments of the navy yards, necessitating the detail of two medical officers to these stations.

b. Division surgeon: The assignments of medical officers to the Atlantic Fleet have been so arranged as to place the senior of each division on the flagship, and, as their duties simulate those of the fleet surgeon, these officers should exercise more active supervision of the affairs of the group of vessels to which they are detailed.

c. Analytical chemical laboratory on hospital ship *Solace:* For the purpose of making chemical examinations of any material submitted, but more particularly for the testing of food supplies for adulterants and preservatives, an elaborately equipped chemical laboratory has been established on the hospital ship *Solace*, with an expert chemist in immediate charge.

d. Marine detachments at naval hospitals: The establishment of this policy has proven most beneficial, and efforts are being made to enhance the comfort of and better the hygienic conditions surrounding the personnel composing these guards.

e. Strong wards in naval hospitals: Most of the hospitals are now fitted with strong wards for the care of court-martial prisoners and mental defectives, and all will be so provided in the near future.

f. Attendance upon families by medical officers: This practice has grown enormously at some stations and is encouraged by the bureau in that it is helpful to medical officers professionally and gives efficient medical and surgical attendance to the families of officers, bringing, as well, the different branches of the service into closer touch with the Medical Corps. There has been a good deal of abuse of this service and a lack of consideration in some instances. The bureau has under consideration the establishment of two wards for women and children, one on the Pacific coast and one on the Atlantic, where the families of officers can be cared for in surgical crises.

g. Outfits on ships in reserve: Formerly the medical outfit of a ship placed in reserve was transferred to another vessel going into full commission. The present arrangement of keeping many vessels in reserve, fully equipped for instant use, renders this plan impracticable, and a heavy expense has been incurred as a result, by reason of the necessity for leaving the outfits on board such ships. This policy, put into effect soon after the establishment of the reserve fleets, has since become mandatory by reason of a recent general order.

h. Entries "not in line of duty" on health records: The regulation requiring that medical officers enter on the health record the statement of the individual concerned, when an entry is made "not in line of duty," is eminently just and fair, and the medical officers conscientiously following out this order.

B. INAUGURATED, BUT NOT ESTABLISHED.

1. *Educational.*—Revision of the Instructions for Medical Offic to be called in the future the Manual for the Medical Departme has been taken up and will be rapidly completed subsequent to issue of the new Navy Regulations.

2. *Economical.*—a. Naval dispensary, Washington, D. C.: T change in location and organization of this dispensary will be co pleted in the near future, thereby making it more central and c venient and doing away with the necessity for two dispensaries. large, well suited building, which will be arranged to meet the quirements most satisfactorily, has been selected and will be devo to this purpose only. The equipment will be modern in every w and provisions will be made to deal with cases suffering from special diseases as well as for the large general dispensary practice

b. New bureau forms and methods: (1) Statistical.—(*a*) T nomenclature of diseases and injuries used in the Navy will in future conform to the Bellevue Nomenclature. (*b*) A form for quarterly return of patients on the loose-leaf system will soon repl the former quarterly statistical report. (*c*) A new form for report operations has replaced the former report by a much simpler and m valuable return.

(2) Administration of hospitals: More systematic and compl regulations for the internal administration of hospitals have b completed and will be submitted to the department in the n future.

C. CONTEMPLATED.

1. *Educational.*—a. Medical and surgical conferences in the Pac and Asiatic Fleets and at the larger shore stations would prove of gr interest and value, and medical officers should actively cooperat the attainment of this end.

b. Instruction of medical officers: (1) It is urged that medi officers of the Atlantic Fleet be detailed, from time to time, for te porary duty on the hospital ship. Such assignments, lasting ab two weeks, would afford valuable opportunity for clinical and la ratory work otherwise unobtainable during a cruise. (2) The succ attending the development of the laboratory work, in connection w the course in tropical medicine at the Naval Medical School, has to a decision to institute practical instruction in physical diagno thus largely replacing the former method of didactic lectures.

c. Laboratory instruction for Hospital Corps: Certain memb of the Hospital Corps, selected for special aptitude, are to receiv course in laboratory methods at the Naval Medical School, and th will subsequently continue this work at the large hospitals.

d. Training native nurses, Tutuila, Samoa: A system of train Samoan women for the duties of nurse should be established Tutuila, similar to that now in existence at Guam, and the assi ment of members of the Navy Nurse Corps to this station will m this practicable.

e. Instruction of the rising generation of Samoans in matters pertaining to health by the introduction of an elementary course in hygiene and sanitation into the curriculum of the common schools of Tutuila, Samoa, should be put into effect.

2. *Economical.*—a. New bureau forms and methods: Revision of the Medical Supply Table.—A thorough revision of the supply table will be undertaken in the near future, and already much preliminary work has been accomplished in the revision of Form B (requisition form) which is based upon this table.

b. Abandonment of naval hospitals: Olongapo, P. I.: By reason of rapid deterioration and excessive expense involved in repairs, it will become necessary to abandon the station hospital (formerly the hospital ship *Relief*) within the next few years.

c. Field tourniquet: This type of tourniquet will not be issued in future. It is difficult of adjustment and, improperly applied, is not only useless, but harmful.

3. *General.*—Embalming of naval dead at sea: Provisions should be made for embalming the bodies of those who die at sea, the procedure being carried out by Hospital Corps men under the guidance of a medical officer. Caskets and other necessary equipment will be provided on the bureau supply table as soon as funds are available to carry this measure into effect.

II. CONSTRUCTION.

All extensive new construction under the Bureau of Medicine and Surgery will be suspended until specific appropriations are provided by act of Congress, as the naval hospital fund is now fully obligated. However, certain new buildings were considered of such immediate necessity that the bureau has undertaken them at once, namely: (1) Temporary heating plants for the preservation of the hospital buildings at Chelsea, Mass., and Newport, R. I.; (2) contagious-disease buildings at the hospitals at Great Lakes, Ill., and Puget Sound, Wash.; (3) stable and garage at the hospital, Great Lakes, Ill. In addition to this work, miscellaneous upkeep and repairs and minor improvements at various hospitals are to be undertaken at an expense of approximately $106,000, all to be drawn from the naval hospital fund.

A. COMPLETED.

1. *Hospitals (main building only).*—a. Great Lakes, Ill.: A modified type hospital with integral parts abutting upon the administration building, instead of being connected with it by corridors, has been built in connection with the Great Lakes Training Station, and was occupied October 2, 1911. It consists of an administration building, operating and subsistence building, and two wings for wards, and has a normal capacity of 89 beds. It was constructed under the following contracts: (1) Building—with Noel Construction Co., dated June 11, 1909, for $231,400 (naval acts of May 13, 1908, and June 24, 1910). (2) Heating system and electric conduits—with D'Olier Construction Co., dated July 19 and September 21, 1909, for $43,242 (naval hospital fund). (3) Roads and roadways—with James Cape & Sons, dated August 7, 1910, for $20,787 (naval hospital fund).

b. Puget Sound, Wash.: This hospital, occupied January 3, 1 although ultimately to conform to the plans of the type hospita present consists only of an administration building, operating subsistence building, and one wing for wards, with a normal capa of 63 beds. It was built under contract with the W. N. Concan Co., dated March 29, 1909, for $149,820 (naval acts of Mar. 7, 1 and May 13, 1908).

2. *Dispensaries and sick quarters.*[1]—Naval station, Tutuila, San The dispensary at this station was occupied in August, 1911, the volume of work has so increased that an addition is necess The present structure consists of a main building (ward, dispens laboratory, surgeon's office, and Hospital Corps quarters), a sub ence building, an operating building, and toilet building, and h normal capacity of 12 beds.

3. *Contagious disease buildings.*—Hospital, Brooklyn, N. Y.: vision for contagious diseases was made by the conversion of a bu ing formerly occupied as quarters by the medical officer in comm of the medical supply depot. It consists of isolation space four different contagious diseases and rooms for hospital corps in attendance; also, through necessity, quarters for three mem of the Nurse Corps. Its normal capacity is about 30 beds.

4. *Quarters (separate buildings).*—**a.** For medical officers, Great L Hospital, Ill.: There were three buildings erected for this pur one for the commanding officer and two for junior officers. T quarters and the "laundry and disinfecting building," mentic under "5. Other accessory buildings" of "Completed constructi were built by the contract dated June 11, 1909, at a contract co $79,000 (naval hospital fund).

b. For Nurse Corps, Brooklyn Hospital, N. Y.: These quarters the result of remodeling and enlarging the building formerly use a contagious disease building, and contain accommodations fo nurses.

5. *Other accessory buildings.*—**a.** Laundry and disinfecting build Great Lakes Hospital, Ill. (See "**4.** Quarters.—**a.** For medical cers" above.)

b. A *mortuary* and a *building for the high-pressure steam disinf* have been recently completed at the hospital, Brooklyn, N. Y.

c. An ice house, two 3-room cottages, a stone hose-cart ho a stone house over the power-house well, and a new sputum and dr ing incinerator have been erected at the hospital, Las Animas, C

6. *Improvements.*—**a.** Additions: (1) Laboratory facilities.—A teriological room has been equipped at the dispensary, navy y Boston, Mass. A satisfactory animal house has been constructe the dispensary, Olongapo, P. I., while that at the hospital, Gu has been extended.

(2) Eye, ear, nose, and throat rooms.—Dark rooms for use in nection with work in these specialties have been provided at the pensary, navy yard, Boston, Mass., and at the hospital, Guam.

b. General: Electric lights have been introduced into the hosp Guam, and extensive repairs, the result of unusually heavy stor have been completed at the dispensary, navy yard, Charleston, S and at the hospital, Yokohama, Japan. A handsome bridge s ning the ravine between the hospital and training station at Great Lakes, Ill., has been completed.

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[1] Appropriation under Bureau of Yards and Docks.

B. UNDERTAKEN, BUT NOT COMPLETED.

1. *Hospitals* (*main building only*).—a. New England hospitals: These three type hospitals, located at Portsmouth, N. H., Chelsea, Mass., and Newport, R. I., each consisting of an administration building, solarium, operating and subsistence building, and two wings for wards, and having a normal capacity of 134 beds, are about 96 per cent completed. All three structures are being built by the Noel Construction Co., under one contract dated January 19, 1910, at a primary contract cost of $847,100 (naval hospital fund). The date of occupancy of these hospitals can not be definitely set, as it is impracticable to furnish and equip them and to erect adequate heating plants at Chelsea and Newport, owing to lack of funds. Temporary heating plants will be installed at these two hospitals for the purpose of preserving the buildings; that at Portsmouth will receive its power and heat from the naval station.

b. Pearl Harbor, Hawaii: This building is to be a type hospital, modified for the Tropics, and for the present will consist of an administration building, subsistence building, operating building, laboratory building, and one wing for wards, and will have a normal capacity of 89 beds. A most favorable site has been selected, the plans and specifications have been completed and approved, and the work will be done under contract, the funds being drawn from the $300,000 authcrized by Congress (naval act of Mar. 4, 1911) for use in the construction of this main building and certain accessory buildings.

2. *Dispensaries and sick quarters.*[1]—a. Navy yard, New York: Remodeling of and additions to the old dispensary will be completed in the near future.

b. Naval station, Tutuila, Samoa: An additional building for dispensary purposes has been found necessary and a site has been selected, plans and specfications completed and approved, and material shipped from the United States. It will consist of a laboratory, examining and dressing rooms, and dentist's office.

3. *Contagious disease buildings.*—The urgent necessity for the immediate establishment of provisions for handling diseases of this class at the hospitals at Great Lakes, Ill., and Puget Sound, Wash., has determined the allotment of $10,000 from the naval hospital fund for this purpose. Ultimately they will each consist of an administration building and five wards, each ward to have a normal capacity of 20 beds, but only the administration building and three wards will be erected during the coming year. At both hospitals sites have been selected, and the plans and specifications (common to both) have been completed and approved. A permanent camp for contagious diseases is being built at Caracoles Point, Guantanamo Bay, Cuba, for the use of the Atlantic Fleet during its periods of concentration in that bay.

4. *Quarters* (*separate buildings*).—The only quarters that may be included under this section are those for the hospital at Pearl Harbor, Hawaii, consisting of 11 buildings—1 each for the commanding officer, pharmacist, members of the Hospital Corps and members of the Nurse

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[1] Appropriation under Bureau of Yards and Docks.

Corps, 3 for junior medical officers, and 4 for civilian employees. cost of all will be defrayed from the sum referred to under the n hospital, Pearl Harbor, Hawaii. (B. 1. b.)

5. *Other accessory buildings.*—**a.** A *stable and garage*, a *mortu* and a *laundry building* are to be constructed at the hospital at P Harbor, Hawaii, the cost to be defrayed from the $300,000 aut ized by Congress for the hospital at that place. The *stable and ga* for the hospital at Great Lakes, Ill., has been decided upon and work of construction has commenced.

b. The site for the *operating building* at the hospital, Guam, been selected, the plans and specifications have been completed approved, and material has been shipped from the United Sta This building will consist of operating, sterilizing, etherizing, dressing rooms on the upper floor and offices on the lower floor.

6. *Improvements.*—**a.** Additions: A third *diet kitchen* is b equipped at the hospital, Brooklyn, N. Y.

b. General: An incinerator and disinfector are being insta at the hospital, Mare Island, Cal.

C. CONTEMPLATED.

1. *Hospitals* (main buildings only).—**a.** Urgent: Puget Sou Wash.: The addition of the east wing to the hospital at this sta is a necessity.

b. Advisable: Olongapo, P. I.: The construction of a new pital will be necessary in the next few years, as the present hosp (formerly the hospital ship *Relief*) is rapidly deteriorating. Sho this station be developed in size and importance, the need for a l hospital would become imperative.

2. *Dispensaries and sick quarters.*[1]—There is pressing need for dispensary buildings at Philadelphia, Pa., Fort Mifflin, Pa., Pu Sound, Wash., and Olongapo, P. I.

3. *Contagious-disease buildings.*—**a.** Urgent: Isolated struct for the care of contagious cases are needed at the hospitals at Po mouth, N. H., and Pearl Harbor, Hawaii.

b. Advisable: The hospitals at Newport, R. I., and Norfolk, should be provided with proper facilities for handling these ca

4. *Quarters* (*separate buildings*).—**a.** For medical officers: T is urgent need for quarters at the hospitals at Portsmouth, N. Newport, R. I., and Puget Sound, Wash., and a building for commanding officer and two for junior officers should be erected each place. In addition to these, one house for three junior offi should be built at the Norfolk Hospital.

b. For Hospital Corps: Quarters for the members of this co on duty at Guam, are advisable.

c. For Nurse Corps: Owing to their isolated position, it appe advisable to erect quarters for the members of this corps on duty the Las Animas and Puget Sound hospitals.

5. *Other accessory buildings.*—**a.** Stable and garage: Buildings this purpose are urgently needed at the Norfolk and Puget Sou Hospitals, and their construction at the Portsmouth and Newp Hospitals appears advisable.

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[1] Appropriation under Bureau of Yards and Docks.

b. Heating plants: The installation of adequate heating plants at the hospitals at Chelsea and Newport is imperative before these buildings can be occupied, and it is planned to include the laundry in the same building in each case. The Mare Island Hospital is in immediate need of a heating plant, and it is contemplated to include in this structure an extension of the present kitchen and a room for convalescent patients.

6. *Improvements.*—a. Additions: An increase in the capacity of the *store room* at the medical supply depot, Mare Island, Cal., and a *remodeling of the dispensary building* at Charleston, S. C.,[1] are urgently needed.

b. General: The construction of proper *roadways* at the hospitals at Portsmouth, Chelsea, and Newport prior to their occupancy will be necessary, and an extension of those at the Washington Hospital is much needed. At the Puget Sound Hospital it is of the utmost importance that the grounds be graded and that drains, sewers, and water mains be properly laid.

SECTION III.—*Estimates.*

While no estimates have been directly submitted by this bureau for public works, recommendations have been made that the department authorize the Bureau of Yards and Docks to include in its estimates of appropriations for the fiscal year 1914 provisions for public works under this bureau's cognizance.

Under the appropriation "Medical Department" an estimate has been submitted for $510,000, an increase of $50,000 over 1912, with which fiscal year the estimate is in comparison by direction of section 6 of the sundry civil act approved August 24, 1912. Of this increase $30,000 is to meet additional expenses incident to the increase of 4,400 enlisted men of the Navy and Marine Corps authorized by the naval act for the fiscal year 1913, and $20,000 is for the purchase of original medical outfits for vessels which will be placed in first commission during the year.

Under the appropriation "Contingent, Medicine and Surgery," an estimate has been submitted for $142,000, an increase of $45,000 over 1913, of which $7,000 is to meet additional expenses of the increased personnel referred to in the preceding paragraph, $8,000 is for original dental outfits, and $30,000 for dental material other than outfits, required for the use of the Dental Corps authorized by the naval act approved August 22, 1912.

Under the appropriation "Bringing home remains of officers, etc., Navy Department," an increase of $2,000 is recommended. This appropriation is for the purely beneficent purpose of restoring to the bereaved families the bodies of their dead, and the increase is necessary in order that all cases may receive the same favorable treatment at the hands of Government.

The several estimates submitted as briefly outlined above are based upon the present authorized personnel of the Navy; should that be further increased by the act for the fiscal year 1914, corresponding increases would be necessary in each appropriation.

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[1] Appropriation under Bureau of Yards and Docks.

SECTION IV.—*Personnel.*

I. MEDICAL CORPS.

1. *General remarks.*—From July 1, 1911, to July 1, 1912,
were 7 medical officers admitted to the corps, while during that
period 10 were lost by reason of deaths, resignations, retirements
being dropped; as a result, the actual strength of the corps on Ju
1912, was 302 (including two extra numbers), and the numb
vacancies was therefore 45.[1]

The Medical Corps has not expanded numerically in proporti
its enlarged responsibilities, for the authorized increase since
of the naval personnel as a whole has been more than five tim
great as in the Medical Corps, the percentages being, respect
514.5 and 102.3. Moreover, owing in part to conditions remed
by legislative action, there are now 45 vacancies in the regular c
and the crippling effect of this shortage is constantly felt in en
oring to meet the ordinary demands of the service. This has
more apparent during the fiscal year 1912 than heretofore, owi
the unusually high morbidity rate for that period (amounting to 3
per thousand, with a total of 2,694 sick days), 36 per cent o
corps having been retired by reason of ill health or on the sic
for varying lengths of time. It has been necessary during the
to leave most of the battleships and armored cruisers with bu
medical officer, and acting assistant surgeons have been order
navy recruiting stations to replace those of the regular corps n
elsewhere. The requirement of one year's hospital experienc
resulted in a higher grade of candidate, as shown by the fact th
the two years prior to the inauguration of this plan, 93 candi
took the examination and 38 failed professionally, a percenta
failure of 40.8; whereas, in the two years subsequent to the esta
ment of the rule, 57 candidates have taken the examination a
have failed, a percentage of failure of 28. The subjects of liter
history, and the natural sciences have been eliminated from
examination of assistant surgeons for promotion to the gra
passed assistant surgeon. In January, 1912, a medical office
sent to Chicago, Ill., to act as president of a special examining b
and addresses have been delivered by the Surgeon General
the graduating classes of several large medical schools, hospital
societies upon the newer activities of the Medical Corps.

There is still a widespread impression throughout the medica
fession that the Medical Corps of the Navy has not received the
nition in the way of rank and promotion which its activities de
It is believed that if the personnel bill which has been advocat
the department were enacted into law, with a clause providi
flag rank in the Medical Corps, that this attitude of the prof
would be greatly modified and that there would thereafter
difficulty in obtaining a sufficient number of qualified candida
fill the corps.

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[1] On November 15, 1912, the number of vacancies was 53.

2. *Activities.*—Unusual success has attended surgical procedures of magnitude at hospitals, reflecting great credit on individual operators and the general administration of the hospitals. The benefits derived from the increased activities and the broader scope of work of the Medical Corps have become evident, particularly in promoting military efficiency.

Research work bearing upon special conditions and diseases in Guam and Cavite, P. I., has been carried on with gratifying results. A representative of the corps has recently returned from the Southern States where he has been engaged in the study of pellagra, under the Robert M. Thompson fund, placed with the New York Postgraduate Medical School and Hospital. From time to time, upon invitation, medical officers have represented the Navy Department at various society meetings, conferences, and conventions, both in the United States and abroad. Many such invitations were of necessity not accepted, owing principally to shortage in the corps. International aid in time of war (or disaster) was rendered in China during the recent revolution.

Several officers, at their own expense, have devoted their leave to special studies (eye, ear, nose and throat, surgery, and chemistry) both at home and abroad, with marked benefit to the service, and so far as practicable such officers have been assigned to duty giving them opportunities to practice their specialty. The work of members of the corps, as health officers of island ports and municipalities, has been active and resulted in great good.

II. MEDICAL RESERVE CORPS.

The legislation passed by the last Congress, whereby a Naval Medical Reserve Corps was established, will have a far-reaching influence upon the efficiency of the Navy. The benefit resulting from both military and humanitarian standpoints will be inestimable, as trained men of high standing will be available to bring the number of medical officers up to a proper percentage of the entire naval personnel.

In time of peace members of this corps will be placed upon active duty in sufficient numbers to allow of a full quota of medical officers of the regular service at hospitals and stations and on board ship, a condition which has not been possible for some time in the past. In time of war one of the greatest advantages resulting will be the practicability of establishing a perfectly organized, rapid, and humane method of evacuation of and caring for the wounded from fleets after an engagement.

III. DENTAL CORPS.

The advantages which will accrue from the establishment of a corps of trained dentists are well recognized, and the recently passed law establishing such a corps upon a firm foundation is most gratifying. It will now be possible to provide the personnel of the Navy with this type of professional service at the hands of graduate dentists of approved worth and in sufficient numbers.

The members of the Hospital Corps, who have been faithfully and satisfactorily performing this duty and who fulfill the requirements specified in the law, will be given an opportunity to take the

examination for the new corps, and if successful will receive co
missions, while those failing to qualify for the higher position
be allowed to continue their special work as assistants to the co
missioned dental surgeon.

The wording of the present law which permits the appointment
dentists to the Medical Reserve Corps for the practice of th
specialty is regrettable and places those dentists who enter it in
anomalous position. The bureau feels that the establishment o
separate dental reserve corps would be to the interest of the serv
for reasons similar to those advanced in behalf of the Medical Reser
Corps, but the law as enacted might give rise to unforeseen and
toward complications and its modification is eminently desirable.

IV. HOSPITAL CORPS.

1. *Pharmacists.*—The enactment of legislation establishing
grade of chief pharmacist is most opportune and will redound
the benefit of the service by increasing the prestige of this co
and stimulating enlistments in the lower grades. The assignm
of pharmacists to duty in connection with the commissary depa
ments of hospitals is now a thoroughly established policy and pro
more and more satisfactory. One pharmacist retired during
past year and examinations have been held to fill this vacancy a
those created by the establishment of the grade of chief pharma
from the hospital stewards who were eligible.

2. *Enlisted men.*—The established allowance of hospital corpsm
(3 per cent of the Navy personnel) is ample, but it has been impossi
to recruit this number, there being at present 400 vacancies.
number of reenlistments, based upon an average strength of 1,
men, was only 12 per cent during the past year. This is due, as
been fully explained before, to the fact that there is no graded p
motion in this corps as there is in every other branch of the enlis
personnel. By suspending enlistments from civil life in the rat
of hospital steward, and filling vacancies from the rating of hosp
apprentice, first class, and by filling all vacancies occurring in
grade of pharmacist from the rating of hospital steward, the bur
has been able to increase the attractiveness as well as the efficie
of the corps to a slight extent, and the establishment of the grad
chief pharmacist will produce a beneficial result. If the system
progressive ratings corresponding to those of other branches of
service were inaugurated in the Hospital Corps, a great injus
would be corrected and there would be no difficulty in recruitin
to its full allowance, and the bureau urges that this be done.

The number of hospital corpsmen engaged upon dental duty
been steadily increasing, thus replacing the civilian dentists at vari
stations and providing others which heretofore have been with
this necessary professional attention. The hospital stewards
charge of the medical department on the various torpedo-b
destroyers have discharged their responsible duties admirably.

V. NURSE CORPS.

The work of this corps has been unqualifiedly excellent, and their influence for betterment of conditions surrounding the sick in naval hospitals has been realized and appreciated throughout the service. A definite, systematic method of work and instruction has been established at all hospitals, thus enabling nurses to readily adapt themselves to the new duties when transferred from one hospital to another. Special work has been done in operating rooms, laboratories, and diet kitchens, and a number of the corps are particularly skilled in massage, while still others are well qualified in the management of the X-ray apparatus, both for photographic and therapeutic purposes. During the year July, 1911, to July, 1912, 55 new members were appointed, the corps numbering 110 on July 1, 1912, 25 of the original 32 having entered upon their second term of three years. Two additional hospitals, namely, those at Guam, and Chelsea, Mass., have been provided with members of this corps, and the number at several other hospitals has been increased. The appointment of chief nurse should be regarded as a permanent one, unless revoked for good cause, and those holding such appointment should not be reduced to the grade of nurse while on leave with pay or when traveling under orders, and, further, sick leave, when indicated, should be granted by the Surgeon General.

SECTION V.—*Recommendations.*

A. RELATIVE TO HYGIENE AND SANITATION AND THE CARE OF THE SICK.

1. The detail of a properly qualified medical officer as inspector general of the Medical Department, to serve under the aid for inspections.
2. Erection of sanitary barracks, provided with means for recreation, at navy yards, for the accommodation of the crews of ships undergoing extensive repairs.
3. Substitution of a sanitary unit system of barracks for receiving ships.
4. The appointment of a board for the study of the subject of clothing and uniforms, and that a representative of the Medical Corps be assigned to this duty for the purpose of discussing the hygienic features of the question.
5. The appointment of a board for the study of the subject of illumination on board ship and elsewhere, and that a representative of the Medical Corps be assigned to this duty for the purpose of discussing the hygienic features of the question.
6. The appointment of a board for the study of crews' heads, and that a representative of the Medical Corps be assigned to this duty for the purpose of discussing the sanitary features of the subject.
7. Abolition of prison ships.
8. That the tours of duty of ships in Central American waters be shortened.
9. That the station ship at Tutuila, Samoa, make periodic trips to Australia or New Zealand.
10. That no city harbor water be used for cleaning purposes.

11. That all staterooms on board ship be thoroughly cleaned disinfected before the successor takes possession.

12. Prohibit purchasing or contracting for undressed cold-stor poultry.

13. Issue overcoats to prisoners released during the winter sea in cold climates.

14. Require *all* persons on board ship to participate in the phys drills once daily.

15. Officers to take exercise in the open air amounting to 5 ho a week and to select their own mode of taking such exercise, ce fying to its completion at regular intervals.

16. Raise the physical standard for firemen and coal passers make no transfers to these ratings from other ratings unless standard is complied with.

17. Provide a cruising parent ship for the Pacific Torpedo Flee

18. Restriction of professional services rendered to familie officers and men by members of the Medical Corps.

19. Forfeiture of pay of all persons in the service during disabi from disease of venereal origin, such forfeiture to be credited to Naval Hospital Fund.

20. That those exposed to the damaging effects of gun blasts ear injuries incident to aviation be required to wear ear protector

21. That the present system of drills be modified to prov longer relaxation periods.

B. RELATIVE TO BATTLE CONDITIONS AND HANDLING OF THE WOUN

1. Construction, on accepted plans, of a hospital ship for e fleet.

2. Compulsory use of identification tags during battle prac and in action.

3. Provide permanent stretcher bearers on board ship equiva in number to 2 per cent of the personnel.

4. Provide vessels, properly equipped as transports, for the veyance of expeditionary forces.

C. GENERAL.

1. **Amalgamation of the Medical Corps of the Navy with the of the Navy.**

2. Assignment of medical officers of the fleet to brief period duty on the hospital ship.

3. That steps be taken toward the ultimate abandonment of Animas as a naval hospital.

4. Provision of Government quarters for all officers at Gu Mariana Islands.

C. F. STOKE

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I. DISEASES AND INJURIES.

TABLE No. 1.—*General view of the effects of diseases and injuries on the Navy and Marine Corps during the year 1911.*

Item.	Number.[1]				Ratio per 1,000 of average strength.
	Force afloat.	Stations and yards.	Hospitals.	Entire service.	
Average strength of the Navy and Marine Corps, 1911.	42,911	6,702		61,399	....
Admissions for diseases, 1911	17,306	12,569	2,017	31,892	519.42
Readmissions for diseases, 1911	1,855	1,487	9,018	12,360	201.30
Admissions and readmissions for diseases:					
For the year 1911	19,161	14,056	11,035	44,252	720.72
For the year 1910	20,463	13,455	8,065	41,983	719.62
Average for 10 years (1901–1910)	17,615	9,260	6,659	33,534	771.74
Admissions for injuries, 1911	3,504	1,597	201	5,302	86.35
Readmissions for injuries, 1911	135	121	1,150	1,406	22.89
Admissions and readmissions for injuries:					
For the year 1911	3,639	1,718	1,351	6,708	109.25
For the year 1910	3,982	1,706	1,124	6,812	116.76
Average for 10 years (1901–1910)	3,453	1,273	733	5,459	125.63
Admissions for all causes, 1911	20,810	14,166	2,218	37,194	605.77
Readmissions for all causes, 1911	1,990	1,608	10,168	13,766	224.20
Admissions and readmissions for all causes:					
For the year 1911	22,800	15,774	12,386	50,960	829.98
For the year 1910	24,445	15,161	9,189	48,795	839.39
Average for 10 years (1901–1910)	21,069	10,532	7,391	38,992	897.35
Invalided from the service for diseases:					
For the year 1911	38	377	738	1,153	18.77
For the year 1910	35	452	703	1,190	20.40
Average for 10 years (1901–1910)	132	264	723	1,119	25.75
Invalided from the service for injuries:					
For the year 1911	6	84	130	220	3.58
For the year 1910	6	93	129	228	3.91
Average for 10 years (1901–1910)	28	76	119	223	5.13
Invalided from the service for all causes:					
For the year 1911	44	461	868	1,373	22.36
For the year 1910	41	545	832	1,418	28.95
Average for 10 years (1901–1910)	159	340	842	1,341	30.86
Deaths from diseases:					
For the year 1911	25	20	85	130	2.11
For the year 1910	31	24	102	157	2.73
Average for 10 years (1901–1910)	29	19	88	136	3.12
Deaths from injuries:					
For the year 1911	67	37	19	123	2.00
For the year 1910	94	31	12	137	2.93
Average for 10 years (1901–1910)	64	23	11	98	2.25
Deaths from all causes:					
For the year 1911	92	57	104	253	4.12
For the year 1910	125	55	114	294	5.66
Average for 10 years (1901–1910)	93	42	99	234	5.38
Total sick days due to diseases, 1911	98,434	71,548	345,753	516,735	8,416.01
Total sick days due to injuries, 1911	27,433	12,117	49,778	89,328	1,454.87
Total sick days for all causes:					
For the year 1911	125,867	83,665	395,531	605,063	9,854.69
For the year 1910	131,827	78,541	349,590	559,958	9,598.18
Average for 10 years (1901–1910)	134,863	60,278	277,231	472,372	10,871.12
Average days per individual of average complement:					
For the year 1911	....	....	....	9.85	....
For the year 1910	....	....	....	9.59	....
Average for 10 years (1901–1910)	....	....	....	10.87	....
Average days for each case treated:					
For the year 1911	....	....	....	11.54	....
For the year 1910	....	....	....	11.47	....
Average for 10 years (1901–1910)	....	....	....	11.76	....
Total damage in percentage of sick for diseases:					
For the year 1911	....	....	....	3.34	....
For the year 1910	....	....	....	3.65	....
Average for 10 years (1901–1910)	....	....	....	3.99	....
Total damage in percentage of sick for injuries:					
For the year 1911	....	....	....	.67	....
For the year 1910	....	....	....	.77	....
Average for 10 years (1901–1910)	....	....	....	.79	....
Total damage in percentage of sick for all causes:					
For the year 1911	....	....	....	4.01	....
For the year 1910	....	....	....	4.43	....
Average for 10 years (1901–1910)	....	....	....	4.78	....

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[1] Does not include the Naval Sanatorium for Tuberculosis at Las Animas, Colo., and hospitals for insane, except "Average strength of Navy and Marine Corps," which includes the entire personnel of the service.

2.—*Ships and stations—Effects of diseases and injuries during the year 1911.*

ATLANTIC STATION.

p.	Number of days in service this year.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Deaths.	Invalided from services.	Admissions for primary venereal diseases.	
			Disease.	Injury.	Total.								No. of cases.	Ratio per 1,000.
	2	3	4	5	6	7	8	9	10	11	12	13	14	15
.....	223	48	21	3	24	500.00	55	0.24	5.00	13	....	....	8	166.66
.....	365	27	37	2	39	1,444.44	341	.93	34.44	1	3	....	3	111.11
.....	365	267	115	11	126	471.90	1,035	2.83	10.59	62	2	....	23	86.14
.....	314	72	33	5	38	527.77	113	.35	4.86	15	....	....	15	208.33
.....	365	313	132	43	175	559.10	887	2.43	7.76	66	....	....	48	153.35
.....	365	145	91	6	97	668.96	358	.98	6.75	37	1	....	35	241.37
.....	365	358	158	23	181	505.58	1,465	4.01	11.20	46	1	....	51	142.45
.....	365	40	17	4	21	525.00	54	.14	3.50	11	1	....	3	75.00
.....	365	925	360	61	421	455.13	2,216	6.07	6.56	88	2	....	123	132.97
.....	365	142	102	31	133	936.61	646	1.76	12.39	43	....	....	22	154.92
.....	365	878	871	213	1,084	1,234.62	6,038	16.54	18.83	194	9	1	184	209.56
.....	365	268	218	46	264	985.07	1,220	3.34	12.46	48	2	2	51	178.32
.....	365	278	162	51	213	766.18	1,006	2.75	9.89	41	....	....	35	125.89
.....	365	166	96	24	120	722.89	320	.87	5.24	41	1	....	40	240.96
.....	365	83	38	7	45	542.16	119	.32	3.85	16	....	....	15	180.72
.....	203	87	67	5	72	827.58	266	1.31	15.05	18	1	....	16	183.90
.....	365	65	38	5	43	661.53	150	.41	6.30	8	....	....	12	184.61
.....	365	34	19	5	24	705.88	108	.29	8.52	8	....	....	8	235.29
.....	108	206	131	32	163	791.26	596	5.51	26.74	6	....	....	65	315.53
.....	365	82	38	5	43	524.39	238	.65	7.92	15	....	....	17	207.31
.....	365	868	485	163	648	746.54	2,931	8.03	9.25	72	....	3	84	96.77
.....	205	39	30	15	45	1,153.84	193	.94	24.10	2	....	....	10	256.41
.....	365	759	328	58	386	508.56	1,944	5.32	7.00	51	2	....	162	213.43
.....	365	373	279	42	321	422.92	1,116	3.05	4.01	51	....	2	93	222.52
.....	365	381	303	21	324	850.39	1,712	4.69	12.30	58	....	1	106	278.21
.....	365	925	342	58	400	432.43	2,229	6.10	6.59	88	1	1	114	123.24
.....	365	79	44	6	50	632.91	419	1.14	14.43	15	....	....	19	240.50
.....	365	51	32	7	39	764.70	128	.35	6.86	10	....	....	14	274.51
.....	365	968	584	73	657	678.71	3,947	10.81	11.16	68	1	....	154	159.09
.....	200	374	200	59	259	692.51	1,616	8.08	21.60	41	1	....	58	155.08
.....	365	160	124	16	140	875.00	716	1.96	12.25	22	1	....	15	93.75
.....	365	286	234	23	257	89.86	1,192	3.26	11.39	51	....	....	95	332.16
.....	365	174	73	15	88	505.74	291	.79	4.54	40	1	1	17	97.70
.....	173	38	12	5	17	447.36	72	.41	10.78	8	....	....	6	157.89
.....	343	77	34	4	38	493.50	116	.33	4.28	12	....	....	19	246.75
.....	365	752	489	176	665	884.30	4,222	11.55	15.35	85	1	....	109	144.94
.....	365	920	456	55	511	555.43	1,741	4.76	5.17	124	1	2	169	183.69
.....	365	723	367	49	416	575.38	2,617	7.16	9.90	40	1	6	106	146.61
.....	365	568	334	43	377	663.73	1,798	4.92	8.66	95	....	....	142	250.00
.....	194	42	25	1	26	619.04	48	.24	5.71	17	....	....	10	238.09
.....	365	631	200	45	245	388.27	1,581	4.33	6.86	50	2	....	73	115.68
.....	365	146	73	14	87	595.89	320	.87	5.95	36	....	....	10	268.49
.....	161	70	54	10	64	914.28	218	1.35	19.28	15	....	2	14	100.00
.....	365	840	621	110	731	870.23	4,228	11.58	13.78	159	2	2	164	195.23
re.....	365	915	435	95	530	579.23	3,141	8.60	9.39	75	3	....	122	233.33
.....	365	491	348	29	377	767.82	2,198	6.00	12.21	73	2	1	123	50.50
.....	365	913	288	66	354	387.73	2,402	6.58	7.20	78	....	....	70	76.67
.....	365	901	340	80	420	466.14	2,818	7.72	8.56	142	1	2	90	99.88
.....	214	434	189	39	228	525.34	1,070	5.00	11.52	61	3	....	73	168.20
.....	365	165	131	23	154	933.33	928	2.54	15.39	16	1	....	23	139.39
.....	365	186	141	40	181	973.11	905	2.47	13.27	39	....	1	20	107.52
.....	82	17	9	4	13	764.70	18	.21	12.35	8	....	....	2	24.39
.....	365	87	24	2	26	298.85	159	.43	4.94	11	....	....	13	156.32
.....	365	77	48	3	51	662.33	102	.27	3.50	26	1	....	27	363.63
.....	365	124	145	24	169	1,362.90	762	2.08	16.77	18	2	....	49	395.16
.....	365	205	122	20	142	692.68	1,285	3.52	17.17	21	....	1	35	170.73
.....	365	85	50	5	55	647.05	233	.63	7.41	23	....	....	19	223.52
.....	365	83	51	4	55	662.65	235	.64	7.71	13	....	....	26	313.25
.....	365	672	336	48	384	571.42	2,350	6.43	9.56	78	1	....	101	150.29
.....	365	81	53	8	61	753.08	398	1.09	13.45	28	....	....	28	345.67
.....	365	358	201	80	281	784.91	2,103	5.76	16.08	26	1	2	37	103.35
.....	133	50	26	8	34	680.00	146	1.09	21.80	9	....	....	14	280.00
.....	365	76	64	1	65	855.26	384	1.05	13.81	2	1	....	24	315.78
.....	365	84	31	7	38	452.38	208	.56	6.66	19	....	....	14	166.66
.....	365	766	486	46	532	694.51	3,211	8.79	11.47	50	1	1	174	227.15
.....	365	82	45	5	50	609.75	71	.19	2.31	26	....	....	30	365.85
.....	365	176	107	6	113	642.04	780	2.13	12.10	18	2	1	31	176.18

Table No. 2.—*Ships and stations—Effects of diseases and injuries during the year 1911*—Continued.

ATLANTIC STATION—Continued.

Name of ship.	Number of days in service this year.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Deaths.	Invalided from services.	Admissions for primary venereal diseases.	
			Disease.	Injury.	Total.								No. of cases.	Ratio per 1,000.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Tallahassee	365	65	46	9	55	846.15	258	.70	10.76	25	1	....	22	338.46
Tennessee	365	599	183	50	233	388.98	1,203	3.29	5.49	56	3	....	68	111.85
Terry	365	80	22	7	29	362.50	91	.24	3.00	20	....	....	5	62.50
Torpedo Fleet (reserve)	365	322	171	48	219	680.12	513	1.40	4.34	67	2	....	54	167.70
Trippe	284	62	41	6	47	758.06	234	.82	13.22	26	....	....	17	274.19
Utah	123	283	243	56	299	1,056.53	1,413	11.48	40.56	27	....	1	48	169.61
Vermont	365	901	341	126	467	518.31	3,601	9.86	10.94	25	1	1	105	116.53
Virginia	365	838	289	55	344	410.50	2,160	5.91	7.05	115	2	....	68	81.14
Walke	163	37	18	5	23	621.62	56	.34	9.18	11	....	....	8	216.21
Warrington	287	64	26	7	33	515.62	98	.34	5.31	14	....	....	11	171.87
Washington	365	925	460	87	547	591.99	3,197	8.75	9.46	118	....	1	113	122.16
Wheeling	365	155	73	10	83	535.48	389	1.06	6.83	8	1	....	27	174.19
Wisconsin	365	219	187	42	229	1,045.66	1,344	3.68	16.80	35	1	3	45	205.47
Wolverine	365	31	31	6	37	1,225.80	227	.62	20.00	4	....	....	2	64.51
Yankton	365	92	46	10	56	608.69	358	.98	10.65	11	....	....	14	152.17
Total	....	26,429	14,314	2,817	17,131	648.18	93,675	270.00	10.46	3,409	67	38	4,289	162.28
PACIFIC STATION.														
Albatross	365	72	29	12	41	569.44	140	.38	5.27	3	....	....	7	97.22
Buffalo	365	220	119	20	139	631.81	601	1.64	7.45	23	1	....	38	172.72
California	365	861	626	108	734	852.49	3,847	10.53	12.22	93	2	....	120	139.37
Colorado	365	865	342	70	412	476.30	1,858	5.09	5.88	153	1	....	123	142.19
Glacier	365	139	66	15	81	582.73	338	.92	6.61	10	....	....	23	165.46
Iris	365	158	185	37	222	1,405.06	2,086	5.71	36.13	36	1	....	57	360.75
Maryland	365	827	258	48	306	370.01	1,954	5.35	6.46	137	4	....	62	74.96
Pennsylvania	365	768	166	64	230	299.47	1,388	3.80	4.94	84	6	4	70	91.14
South Dakota	365	851	356	74	430	505.28	2,955	8.09	9.50	88	1	....	77	90.48
Torpedo Fleet	365	736	280	55	335	455.16	1,217	3.33	4.52	113	1	1	88	119.56
Vicksburg	365	156	97	16	113	724.35	748	2.04	13.07	14	....	....	26	166.66
West Virginia	365	872	458	87	545	625.00	3,214	8.80	10.09	78	1	....	77	88.30
Yorktown	365	177	101	20	121	683.61	786	2.15	12.14	14	....	....	36	203.38
Total	....	6,702	3,083	626	3,709	553.41	21,132	57.83	8.62	846	18	5	804	119.96
ASIA TIC STATION.														
Albany	365	360	172	30	202	561.11	1,472	4.03	11.19	30	....	....	57	158.33
Callao	365	36	29	3	32	888.88	357	.97	26.94	3	1	....	11	305.55
Cincinnati	82	52	38	6	44	846.15	91	1.10	21.15	9	....	....	22	423.07
Elcano	365	99	54	4	58	585.85	208	.56	5.65	9	....	....	19	191.91
Helena	365	222	93	11	104	468.46	1,715	4.79	21.57	5	2	....	34	153.15
Mindoro	102	7	10	1	11	1,571.42	54	.52	74.28	4	....	....	1	142.85
Mohican	365	178	159	10	169	949.43	400	1.09	6.12	85	....	....	36	202.24
Monadnock	256	116	52	4	56	482.76	190	.52	4.48	11	....	....	22	189.65
Monterey	365	183	64	8	72	393.44	205	.56	3.06	14	....	....	41	224.04
New Orleans	365	337	172	12	184	545.99	822	2.25	6.67	50	1	....	79	234.42
Pampanga	264	28	19	6	25	892.85	197	.74	26.42	1	1	....	8	285.71
Paragua	109	12	4	1	5	416.66	51	.46	38.33	1	....	....	1	83.33
Piscataqua	365	48	39	6	45	937.50	100	.27	5.62	25	....	....	10	208.33
Pompey	189	42	63	3	66	1,571.42	309	1.63	38.80	1	....	....	38	904.76
Quiros	365	63	51	7	58	920.63	213	.58	9.20	7	....	....	19	301.58
Rainbow	365	196	155	21	176	897.95	851	2.33	11.88	26	....	....	43	219.38
Samar	365	30	29	3	32	1,066.66	378	1.03	34.33	....	....	....	8	266.66
Saratoga	365	587	314	61	375	638.84	1,558	4.26	7.25	44	....	....	141	240.20
Torpedo Fleet	365	333	367	25	392	1,177.17	1,404	3.84	11.53	121	1	....	85	255.25
Villalobos	365	60	53	8	61	1,016.66	331	.90	15.00	1	....	1	25	416.66
Wilmington	365	204	68	1	69	338.23	229	.62	3.03	14	....	1	37	181.37
Wompatuck	365	42	14	2	16	380.95	27	.07	1.66	8	....	....	3	71.42
Total	....	3,235	2,019	233	2,252	696.01	11,162	33.12	10.23	469	6	2	740	228.74

TABLE No. 2.—*Ships and stations—Effects of diseases and injuries during the year 1911*—Continued.

RECEIVING AND STATION SHIPS.

Name of ship.	Number of days in service this year.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Deaths.	Invalided from services.	Admissions for primary venereal diseases.	
			Disease.	Injury.	Total.								No. of cases.	Ratio per 1,000.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Alliance	188	49	28	4	32	653.06	149	.79	16.12	1	....	....	.....	......
Annapolis	350	96	52	21	73	760.41	497	1.42	14.66	10	1	....	8	83.33
Baltimore	346	189	72	9	81	428.57	599	1.73	9.15	14	....	....	24	126.93
Franklin	365	2,364	1,126	85	1,211	512.26	3,999	10.95	4.63	590	1	103	477	201.77
Hancock	365	873	416	41	457	523.48	1.427	3.90	4.46	231	2	20	165	189.00
Independence	365	926	379	72	451	487.04	1,452	3.97	4.28	299	3	19	82	88.55
Lancaster	365	563	543	52	595	1,056.83	1,639	4.46	7.92	137	....	17	238	422.73
Philadelphia	365	426	130	38	168	394.36	1,284	3.51	8.23	43	3	26	29	68.07
Princeton	365	131	85	15	100	763.35	510	1.39	10.61	13	1	....	18	137.40
Southery	365	497	99	18	117	235.41	1,055	2.89	5.81	19	2	1	30	60.36
Supply	365	152	85	10	95	625.00	335	.91	5.98	.....	....	....	44	289.47
Texas	42	24	14	1	15	625.00	95	2.26	94.16	3	....	....	6	250.00
Wabash	365	255	216	12	228	894.11	617	1.69	6.62	89	....	1	88	345.09
Total	....	6,545	3,245	378	3,623	553.55	13,658	39.87	6.09	1,449	13	187	1,209	184.72

YARDS AND STATIONS.

Yards:														
Boston	365	482	389	44	433	898.34	1,770	4.84	10.04	90	1	5	64	132.78
Charleston	365	157	259	31	290	1,847.13	5,084	13.92	88.66	4	5	8	46	292.99
Mare Island	365	624	294	46	340	544.87	1,234	3.38	5.41	176	....	20	73	116.98
New York	365	332	211	27	238	716.86	1,170	3.20	9.63	77	1	15	55	165.66
Norfolk	365	393	286	41	327	832.06	1,610	4.41	11.21	142	....	28	84	213.74
Pensacola	293	75	27	5	32	426.66	68	.23	3.06	21	....	3	5	66.66
Philadelphia	365	486	559	85	644	1,325.10	2,733	7.48	15.39	94	3	23	130	267.48
Portsmouth	365	151	110	14	124	821.19	625	1.71	11.32	49	....	4	20	132.45
Puget Sound	365	268	136	20	156	582.08	709	1.94	7.23	66	....	14	43	160.44
Washington	365	443	205	28	233	525.95	657	1.80	4.06	95	1	4	53	119.63
Stations:														
Annapolis, Academy	365	1,344	1,990	286	2,276	1,693.45	6,242	17.10	12.72	373	1	25	126	93.75
Cavite, P. I	365	712	465	28	493	692.41	1,251	3.42	4.80	253	....	....	110	154.49
Chicago	365	363	179	24	203	559.22	1,180	3.23	8.84	119	3	5	17	46.83
Culebra	181	25	38	11	49	1,960.00	261	1.44	57.60	1	....	....	2	80.00
Dover	365	29	7	2	9	310.34	20	.05	1.71	1	....	....	3	103.44
Guantanamo	365	308	84	20	104	337.66	794	2.17	7.04	18	1	....	27	87.66
Hawaii	365	259	176	35	211	814.67	2,129	5.83	22.50	12	....	1	35	135.13
Hingham	365	26	9	.....	9	346.15	9	.02	.76	3	....	....	7	269.23
Indian Head	365	30	13	3	16	533.33	104	.28	9.33	5	....	....	6	200.00
Iona Island	365	24	3	.....	3	125.00	3	.008	.33	1	....	....	1	41.66
Key West	365	94	31	7	38	404.25	515	1.41	15.00	.....	....	1	5	53.19
New London	205	17	12	2	14	823.52	24	.11	6.47	.....	1	....	8	470.58
New Orleans	273	91	42	9	51	560.43	663	2.42	26.59	3	1	4	16	175.82
Newport—														
Torpedo	365	303	92	22	114	376.23	686	1.33	4.38	32	....	....	20	66.00
Training	365	2,484	1,241	177	1,418	570.85	5,292	14.49	5.83	693	1	62	173	69.64
Olongapo	365	879	666	54	720	819.11	1,230	3.36	3.82	503	3	....	115	130.83
Port Royal	365	268	169	26	195	727.61	450	1.23	4.58	66	1	16	67	250.00
San Francisco (training)	365	957	1,583	105	1,688	1,763.84	14,298	39.17	40.92	124	5	19	176	183.90
San Juan	200	70	60	12	72	1,028.57	347	1.73	24.71	16	1	....	22	314.28
Tutuila	365	92	103	5	108	1.173.91	1,092	2.99	32.50	.....	....	3	3	32.60
Total	....	11,786	9,439	1,169	10,608	900.05	52,250	144.69	12.27	3,037	29	260	1,512	128.20

TABLE No. 2.—*Ships and stations—Effects of diseases and injuries during the year 1911*—Continued.

MISCELLANEOUS.

Name of ship.	Number of days in service this year.	Average complement corrected for time.	Admissions and readmissions.			Ratio per 1,000.	Sick days.	Daily average of patients.	Ratio per 1,000 of force sick daily.	Transferred to hospital.	Deaths.	Invalided from services.	Admissions for primary venereal diseases.	
			Disease.	Injury.	Total.								No. of cases.	Ratio per 1,000.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Guantanamo, Cuba, Camp Meyer	98	553	199	17	216	390.59	1,046	10.67	19.29	58	....	3	54	97.64
New York, N. Y., special duty	191	......	10	4	14	....	95	.44	......	6	....	....	.....	......
Panama, Camp Elliott	365	456	402	35	437	958.33	2,318	6.35	13.92	5	....	....	36	78.94
Peking, China	365	165	116	20	136	824.24	1,437	3.93	23.81	5	1	....	41	248.48
Philadelphia, Pa., special duty	365	......	53	8	61	....	316	.86	......	18	....	....	3	......
Portsmouth, N. H., prison	365	440	131	36	167	379.54	2,942	8.06	18.31	10	....	2	26	59.09
San Diego, Cal., Camp Thomas	124	104	44	1	45	432.69	834	2.69	25.86	12	1	....	13	125.00
San Francisco, Cal., special duty	365	63	7	1	8	126.98	50	.13	2.06	5	....	....	.....	......
Shanghai, China, marine expedition	68	66	79	2	81	1,227.27	278	4.08	61.81	1	....	....	49	742.42
Washington, D. C., dispensary	365	220	98	13	111	509.54	779	2.13	9.68	24	1	2	1	4.54
Washington, D. C., Marine Barracks	365	260	143	21	164	630.76	593	1.62	6.22	102	....	3	25	96.15
Winthrop, Md., Marine Corps Rifle Range	275	73	21	2	23	315.06	87	.31	4.24	8	....	....	8	109.58
Unaccounted for by regular returns	....	4,302	135	36	171	39.74	7,380	20.21	4.96	25	13	3	40	9.29
Total	....	6,702	1,438	196	1,634	245.26	17,655	61.48	9.17	279	16	13	296	30.39
Grand total	....	61,399	33,538	5,419	38,957	634.65	209,532	614.09	10.01	9,429	149	505	8,786	143.09

TABLE No. 3.—*Hospitals and hospital ships—Effects of diseases and injuries during the year 1911.*

Hospitals.	Days in service if less than a year.	Cases under treatment.				Discharged to duty.				Invalided from service.				Died.				Continued to next year.	Total number of sick days.	Average number daily under treatment.	Average number of days' treatment per case.
		Remaining from last year.	Admissions and readmissions.		Total.	Diseases.	Injuries	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.				
			Diseases.	Injuries.																	
Annapolis, Md	......	39	418	62	519	341	53	394	759.15	20	2	22	42.38	3	....	3	5.78	35	10,876	29.79	20.95
Cañacao, P. I.	......	81	654	54	789	578	46	624	790.87	1	......	1	1.26	5	1	6	7.60	30	15,847	43.41	20.08
Chelsea, Mass	......	66	1,000	105	1,171	706	74	780	662.68	49	9	58	49.53	10	....	10	8.53	107	40,532	111.04	34.61
Chicago, Ill	91	......	128	19	147	99	4	103	700.68	......	1	1	6.79	1	....	1	6.79	27	2,679	29.43	18.22
Guam	......	3	173	18	194	164	17	181	932.98	......	2	2	10.30	....	....	....	......	2	2,036	5.57	10.49
Mare Island, Cal	......	225	1,512	199	1,936	927	136	1,063	549.07	280	34	314	162.19	6	....	6	3.09	157	74,829	205.01	38.65
Newport, R. I.	......	101	920	155	1,176	826	89	915	778.06	34	8	42	35.71	12	2	14	11.90	61	27,746	76.01	23.59
New York, N. Y	......	72	1,171	184	1,427	792	121	913	639.80	124	22	146	102.31	7	3	10	7.00	150	46,356	127.00	32.48
Norfolk, Va	......	185	1,779	201	2,165	1,272	127	1,399	646.18	117	24	141	65.12	16	4	20	9.23	158	62,917	172.35	29.06
Olongapo, P. I	......	59	677	47	783	602	44	646	825.03	......	......	......	......	1	....	1	1.27	23	15,729	43.09	20.08
Pensacola, Fla	293	2	38	5	45	25	4	29	644.44	3	......	3	66.66	....	....	....	......	......	1,766	6.02	39.24
Philadelphia, Pa	......	70	637	75	782	469	50	519	663.68	37	8	45	57.54	8	3	11	14.06	86	29,091	79.70	37.20
Port Royal, S. C	......	5	60	6	71	57	4	61	859.15	1	1	2	28.16	....	....	....	......	5	1,205	3.30	16.97
Portsmouth, N. H	......	35	231	25	291	170	24	194	666.66	21	2	23	79.03	1	1	2	6.87	17	10,737	29.41	36.89
Puget Sound, Wash	......	13	341	67	421	255	56	311	738.71	18	4	22	52.25	5	....	5	11.87	38	14,189	38.87	33.70
San Juan, P. R	161	6	29	6	41	23	5	28	682.92	1	......	1	24.39	....	1	1	24.39	......	1,390	8.63	33.90
Sitka, Alaska	......	1	37	14	52	38	14	52	1,000.00	......	......	......	......	....	....	....	......	......	430	1.17	8.27
Solace (hospital ship)	......	5	647	81	733	260	38	298	406.54	......	......	......	......	6	2	8	10.91	9	13,333	36.52	18.18
Washington, D. C	......	89	449	60	598	326	52	378	632.10	37	8	45	75.25	5	....	5	8.36	55	19,222	52.66	32.14
Yokohama, Japan	......	16	91	11	118	74	6	80	677.96	......	......	......	......	....	1	1	8.47	2	4,621	12.66	39.16
Total	......	1,073	10,992	1,394	13,459	8,004	964	8,968	666.31	743	125	868	64.49	86	18	104	7.72	967	395,531	55.58	29.38

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature).*

[This table does not include the Naval Sanatorium for Tuberculosis at Las Animas, Colo., and hospitals for the insane.]

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 1.—PARASITIC INFECTIONS (ANIMAL).															
Amœbiasis:															
Stations and yards		1	2	1					2						16
Hospitals and hospital ships		5	2	6	1										189
Total		6	4	7	1				2						205
Ankylostomiasis:															
Force afloat		5		4					1						7
Stations and yards		94		91					3						211
Hospitals and hospital ships	1	12	4	15	2										309
Total	1	111	4	110	2				4						527
Ascariasis:															
Force afloat		10		10											20
Stations and yards		8		8											16
Hospitals and hospital ships		2		1	1										78
Total		20		19	1										114
Filariasis: Stations and yards	1	17	17	34				1							400
Tænlasis:															
Force afloat		15		14										1	38
Stations and yards		16	3	14					5						47
Hospitals and hospital ships		3	5	8											103
Total		34	8	36					5					1	188
Other diseases of this class, Myiasis: Stations and yards		2		2											4

Totals for class No. 1:															
Force afloat		30		28					1					1	65
Stations and yards	1	138	22	150				1	10						694
Hospitals and hospital ships	1	22	11	30	4										679
Total	2	190	33	208	4			1	11					1	1,438
CLASS No. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL).															
Catarrhus epidemicus:															
Force afloat	3	626	10	576	26				31				1	5	2,615
Stations and yards	12	782	28	753	25				35					9	3,489
Hospitals and hospital ships	2	25	70	72	16								1	8	1,284
Total	17	1,433	108	1,401	67				66				2	22	7,388
Dengue:															
Force afloat	1	403	7	275					135					1	1,422
Stations and yards	3	304	9	126	2				187					1	890
Hospitals and hospital ships	5	125	322	434	18										3,140
Total	9	832	338	835	20				322					2	5,452
Diphtheria:															
Force afloat	3	15		6			2		10						219
Stations and yards		10	1	2					8				1		113
Hospitals and hospital ships	1	11	18	17	9		1							3	819
Total	4	36	19	25	9		3		18				1	3	1,151
Dysenteria amœbica:															
Force afloat	1	8	1	6					2				1	1	119
Stations and yards		19	5	2					22						130
Hospitals and hospital ships	3	11	31	34	1	1						1	6	2	1,455
Total	4	38	37	42	1	1			24			1	7	3	1,704
Dysenteria infectiva (bacillary):															
Force afloat		1	1	1					1						28
Stations and yards	1	2	1	1					3						17
Hospitals and hospital ships	1	1	4	4	1									1	171
Total	2	4	6	6	1				4					1	216
Dysenteria (undefined):															
Force afloat		35	1	28	1				4				1	2	200
Stations and yards		13		5					8						63
Hospitals and hospital ships	2	1	17	15	2								2	1	941
Total	2	49	18	48	3				12				3	3	1,204

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Enteritis flagellata:															
Force afloat		2		2											7
Stations and yards		3		2					1						4
Hospitals and hospital ships			1											1	21
Total		5	1	4					1					1	32
Enteritis infectiva:															
Force afloat		5		4					1						20
Hospitals and hospital ships			1		1										3
Total		5	1	4	1				1						23
Erysipelas:															
Force afloat		7	1	3					3				2		40
Stations and yards		3	1	1	2				1						72
Hospitals and hospital ships		5	4	7	1									1	121
Total		15	6	11	3				4				2	1	233
Febris cerebrospinalis:															
Force afloat		1							1						1
Stations and yards		8	1	1					8						41
Hospitals and hospital ships		3	10	5	2		3	1				1		1	480
Total		12	11	6	2		3	1	9			1		1	522
Febris flava:															
Force afloat		1					1								1

Febris pneumonica:															
Force afloat	2	79	1	21	3		2		54				2		717
Stations and yards	1	63	4	17	2		1		46				1	1	527
Hospitals and hospital ships	21	21	102	90	30		6				1	2	5	10	4,157
Total	24	163	107	128	35		9		100		1	2	8	11	5,401
Febris rheumatica:															
Force afloat	4	181	33	123	5				85				2	3	1,806
Stations and yards	2	118	28	71	3			4	67					3	1,089
Hospitals and hospital ships	13	15	169	131	22			8				2	22	12	7,496
Total	19	314	230	325	30			12	152			2	24	18	10,391
Febris typhoides:															
Force afloat	2	98	11	9	1		1		87				11	2	1,166
Stations and yards		92	18	22	2		2		82			1	1		1,529
Hospitals and hospital ships	35	32	175	131	38		12					24	11	26	11,329
Total	37	222	204	162	41		15		169			25	23	28	14,024
Icterus gravis:															
Force afloat		7		7											39
Malaria:															
(*a*) Cachexia malarialis—															
Force afloat		6	4	9					1						47
Stations and yards		2	2	2				1	1						29
Hospitals and hospital ships		1	3	3									1		120
Total		9	9	14				1	2				1		196
(*b*) Febris æstivoautumnalis—															
Force afloat	2	95	22	104	1				14						712
Stations and yards		61	19	75	1				4						429
Hospitals and hospital ships	6	7	19	24	3								3	2	686
Total	8	163	60	203	5				18				3	2	1,827
(*c*) Febris hæmoglobinurica—															
Force afloat		1		1											5
Stations and yards		1							1						14
Hospitals and hospital ships			1	1											38
Total		2	1	2					1						57
(*d*) Febris quartana—															
Force afloat		11		10	1										95
Hospitals and hospital ships		2			1									1	39
Total		13		10	2									1	134

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Enteritis flagellata:															
Force afloat	......	2	......	2	......	...	......	......	......	...	......	......	......	......	7
Stations and yards	......	3	......	2	......	...	......	......	1	...	......	......	......	......	4
Hospitals and hospital ships	......	......	1	......	......	...	......	......	......	...	......	......	......	1	21
Total	......	5	1	4	......	...	......	......	1	...	......	......	......	1	32
Enteritis infectiva:															
Force afloat	......	5	......	4	......	...	......	......	1	...	......	......	......	......	20
Hospitals and hospital ships	......	......	1	......	1	...	......	......	......	...	......	......	......	......	3
Total	......	5	1	4	1	...	......	......	1	...	......	......	......	......	23
Erysipelas:															
Force afloat	......	7	1	3	......	...	......	......	3	...	......	......	2	......	40
Stations and yards	......	3	1	1	2	...	......	......	1	...	......	......	......	......	72
Hospitals and hospital ships	......	5	4	7	1	...	......	......	......	...	......	......	......	1	121
Total	......	15	6	11	3	...	......	......	4	...	......	......	2	1	233
Febris cerebrospinalis:															
Force afloat	......	1	......	......	......	...	......	......	1	...	......	......	......	......	1
Stations and yards	......	8	1	1	......	...	......	......	8	...	......	......	......	......	41
Hospitals and hospital ships	......	3	10	5	2	...	3	1	......	...	......	1	......	1	480
Total	......	12	11	6	2	...	3	1	9	...	......	1	......	1	522
Febris flava:															
Force afloat	......	1	......	......	......	...	1	......	......	...	......	......	......	......	1

Febris pneumonica:															
Force afloat	2	79	1	21	3		2		54				2		717
Stations and yards	1	63	4	17	2		1		46				1	1	527
Hospitals and hospital ships	21	21	102	90	30		6				1	2	5	10	4,157
Total	24	163	107	128	35		9		100		1	2	8	11	5,401
Febris rheumatica:															
Force afloat	4	181	33	123	5				85				2	3	1,806
Stations and yards	2	118	28	71	3			4	67					3	1,089
Hospitals and hospital ships	13	15	169	131	22			8				2	22	12	7,496
Total	19	314	230	325	30			12	152			2	24	18	10,391
Febris typhoides:															
Force afloat	2	98	11	9	1		1		87				11	2	1,166
Stations and yards		92	18	22	2		2		82			1	1		1,529
Hospitals and hospital ships	35	32	175	131	38		12					24	11	26	11,329
Total	37	222	204	162	41		15		169			25	23	28	14,024
Icterus gravis:															
Force afloat		7		7											39
Malaria:															
(*a*) Cachexia malarialis—															
Force afloat		6	4	9					1						47
Stations and yards		2	2	2				1	1						29
Hospitals and hospital ships		1	3	3									1		120
Total		9	9	14				1	2				1		196
(*b*) Febris æstivoautumnalis—															
Force afloat	2	95	22	104	1				14						712
Stations and yards		61	19	75	1				4						429
Hospitals and hospital ships	6	7	19	24	3								3	2	686
Total	8	163	60	203	5				18				3	2	1,827
(*c*) Febris hæmoglobinurica—															
Force afloat		1		1											5
Stations and yards		1							1						14
Hospitals and hospital ships			1	1											38
Total		2	1	2					1						57
(*d*) Febris quartana—															
Force afloat		11		10	1										95
Hospitals and hospital ships		2			1									1	39
Total		13		10	2									1	134

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Malaria—Continued.															
(*e*) Febris tertiana—															
Force afloat		155	38	171	2				17				2	1	1,022
Stations and yards		343	116	362	2				93					2	1,609
Hospitals and hospital ships	7	51	111	154	10	1						1	2	1	2,453
Total	7	549	265	687	14	1			110			1	4	4	5,084
Morbilli:															
Force afloat		177	1	61	3				110				4		1,208
Stations and yards		249	7	75	7				171				3		1,329
Hospitals and hospital ships	1	35	281	283	33								1		6,165
Total	1	461	289	419	43				281				8		8,702
Paralysis ascendens acuta:															
Stations and yards		1		1											22
Parotiditis epidemica:															
Force afloat	1	244	6	120					117				8	6	2,541
Stations and yards	9	609	2	229	6				379					6	5,204
Hospitals and hospital ships	76	34	507	570	15	1							9	22	11,845
Total	86	887	515	919	21	1			496				17	34	19,590
Phagedæna:															
Force afloat		1							1						7
Hospitals and hospital ships			1	1											83
Total		1	1	1					1						90

Pyæmia:															
Stations and yards		1							1						52
Hospitals and hospital ships		3	1		1		2	1							175
Total		4	1		1		2	1	1						227
Pyrexia ortus incerti:															
Force afloat		99	2	64	3				31				2	1	579
Stations and yards		131	9	40	1				96				2	1	327
Hospitals and hospital ships	5	6	127	71	62								1	4	1,312
Total	5	236	138	175	66				127				5	6	2,218
Rheumatismus articularis chronicus:															
Force afloat	2	80	16	47	1			1	46				2	1	789
Stations and yards		55	17	33				4	33					2	508
Hospitals and hospital ships	12	10	88	63	13			16				1	10	7	4,548
Total	14	145	121	143	14			21	79			1	12	10	5,845
Rubella:															
Force afloat		19		9	1				9						104
Stations and yards		131	1	12	1				119						312
Hospitals and hospital ships	19	20	129	150	7								3	8	2,499
Total	19	170	130	171	9				128				3	8	2,915
Scarlatina:															
Force afloat		9		3					5					1	89
Stations and yards		3							3						5
Hospitals and hospital ships	1	2	9	8	3									1	297
Total	1	14	9	11	3				8					2	391
Septicæmia:															
Force afloat		1							1						22
Stations and yards		3	1				2		2						43
Hospitals and hospital ships	1	1	3	3			1							1	59
Total	1	5	4	3			3		3					1	124
Tuberculosis miliaris acuta:															
Force afloat		3							2				1		35
Stations and yards		1									1				14
Hospitals and hospital ships		2	3	1	1		3								30
Total		6	3	1	1		3		2		1		1		79

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2. GENERAL INFECTIVE DISEASES (NONVENEREAL)—Con.															
Tuberculosis pneumonica:															
Force afloat	7	138	16	2	1	...	2	...	143	...	1	...	9	3	1,473
Stations and yards	3	58	25	11	...	...	4	10	48	...	7	...	6	...	1,763
Hospitals and hospital ships	24	86	233	32	34	...	5	27	...	...	186	1	47	11	7,618
Total	34	282	274	45	35	...	11	37	191	...	194	1	62	14	10,854
Tuberculosis of other parts:															
Force afloat	...	12	...	2	...	...	...	...	10	...	...	...	...	...	94
Stations and yards	...	1	1	1	...	...	...	...	1	...	...	...	...	...	50
Hospitals and hospital ships	2	6	14	3	2	2	1	4	...	...	2	...	6	2	998
Total	2	19	15	6	2	2	1	4	11	...	2	...	6	2	1,142
Vaccina:															
Force afloat	...	48	2	49	...	...	...	...	...	...	...	...	1	...	147
Stations and yards	...	131	2	120	1	...	...	...	12	...	...	...	...	...	564
Hospitals and hospital ships	...	2	12	13	1	...	...	...	...	...	...	...	...	...	141
Total	...	181	16	182	2	...	...	...	12	...	...	...	1	...	852
Varicella:															
Force afloat	...	35	...	16	...	...	...	...	18	...	...	...	...	1	251
Stations and yards	...	13	3	5	...	...	...	...	11	...	...	...	...	...	88
Hospitals and hospital ships	3	6	30	32	3	...	...	...	...	...	...	...	...	4	596
Total	3	54	33	53	3	...	...	...	29	...	...	...	...	5	935

Variola:															
Stations and yards		2		1					1						22
Hospital and hospital ships			1	1											36
Total		2	1	2					1						58
Other diseases of this class:															
Leprosy—															
Force afloat		1						1							6
Pellagra—															
Hospital and hospital ships		1		1											35
Vincent's angina—															
Force afloat		13	1	13			1								92
Stations and yards		13		11					2						80
Hospital and hospital ships		4	2	5	1										109
Total		30	3	29	1		1		2						281
Totals for class No. 2:															
Force afloat	28	2,617	174	1,742	49		9	2	939		1		49	28	17,718
Stations and yards	31	3,226	301	1,981	55		9	19	1,446		8	1	14	25	20,428
Hospital and hospital ships	240	529	2,499	2,359	331	5	34	57			189	33	130	130	71,299
Total	299	6,372	2,974	6,082	435	5	52	78	2,385		198	34	193	183	109,445
CLASS NO. 3. CONSTITUTIONAL DISORDERS OF NUTRITION.															
SUBSIDIARY CLASS 1.—*General diseases of nutrition.*															
Diabetes insipidus:															
Force afloat		2		1					1						7
Stations and yards			1					1							2
Hospitals and hospital ships		2	1	1				1					1		89
Total		4	2	2				2	1				1		98
Diabetes mellitus:															
Force afloat	1	8	4				1		11				1		113
Stations and yards		2	4	4					2						176
Hospitals and hospital ships	3		13	5	2		1	4				2	2		460
Total	4	10	21	9	2		2	4	13			2	3		749
Hæmophilia:															
Force afloat		1							1						2
Hospitals and hospital ships		1	1	1				1							52
Total		2	1	1				1	1						54

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.											Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 3.—CONSTITUTIONAL DISORDERS OF NUTRITION—Contd.															
SUBSIDIARY CLASS 1.—*General diseases of nutrition.*															
Lithæmia:															
Force afloat	1								1						19
Stations and yards		2	1	2					1						35
Hospitals and hospital ships			2		2										60
Total	1	2	3	2	2				2						114
Obesitas:															
Force afloat		1							1						1
Hospitals and hospital ships		1	1	1										1	70
Total		2	1	1					1					1	71
Pseudoleucocythaemia:															
Hospitals and hospital ships	1				1										332
Purpura:															
Stations and yards	1			1											4
Other diseases of subclass No. 1:															
Malnutrition—															
Stations and yards	1	4	1	1				3	2						32
Hospitals and hospital ships			2	1				1							196
Total	1	4	3	2				4	2						228
Podagra—															
Force afloat		1		1											9

Totals for class No. 3, subclass No. 1:															
Force afloat	2	13	4	2			1		15				1		151
Stations and yards	2	8	7	8				4	5						249
Hospitals and hospital ships	4	4	20	9	5		1	7				2	3	1	1,259
Total	8	25	31	19	5		2	11	20			2	4	1	1,659
SUBCLASS No. 2.—*Diseases of the blood.*															
Anemia perniciosa:															
Force afloat		1												1	53
Stations and yards		1	1						2						95
Hospitals and hospital ships	2	3	4	2			1					1	3	2	568
Total	2	5	5	2			1		2			1	3	3	716
Anemia simplex:															
Force afloat		6	1	3					4						45
Stations and yards		6	2	7					1						164
Hospitals and hospital ships	1	8	6	9			1	1				1	3		408
Total	1	20	9	19			1	1	5			1	3		617
Leukocythemia: Hospitals and hospital ships	1						1								45
Totals for class No. 3, subclass No. 2:															
Force afloat		7	1	3					4					1	98
Stations and yards		7	3	7					3						259
Hospitals and hospital ships	4	11	10	11			3	1				2	6	2	1,021
Total	4	25	14	21			3	1	7			2	6	3	1,378
SUBCLASS No. 3.—*Diseases of the ductless glands.*															
Bronchocele:															
Force afloat		7	2	1					8						27
Stations and yards		10	3	3				3	7						70
Hospitals and hospital ships		5	17	7	1			7					3	4	679
Total		22	22	11	1			10	15				3	4	776
Other diseases of subclass No. 3:															
Exophthalmic goiter—															
Stations and yards			1	1											42
Hospitals and hospital ships		1	1									2			32
Total		1	2	1								2			74

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as— Remaining from last year.	Admitted.	Readmitted.	Disposition. Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.	Continued to next year.	Total number of sick days.
CLASS NO. 3.—CONSTITUTIONAL DISORDERS OF NUTRITION—Contd.															
SUBCLASS NO. 3.—*Diseases of the ductless glands*—Continued.															
Totals for class No. 3, subclass No. 3:															
Force afloat		7	2	1					8						27
Stations and yards		10	4	4				3	7						112
Hospitals and hospital ships		6	18	7	1			7				2	3	4	711
Total		23	24	12	1			10	15			2	3	4	850
Totals for class No. 3:															
Force afloat	2	27	7	6			1		27				1	1	276
Stations and yards	2	25	14	19				7	15						620
Hospitals and hospital ships	8	21	48	27	6		4	15				6	12	7	2,991
Total	12	73	69	52	6		5	22	42			6	13	8	3,887
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM.															
Apoplexy:															
Force afloat		2					1		1						8
Hospitals and hospital ships	1		2	1									1	1	192
Total	1	2	2	1			1		1				1	1	200
Aphasia:															
Stations and yards		2							2						2
Hospitals and hospital ships			2	1				1							28
Total		2	2	1				1	2						30

Cephalalgia:															
Force afloat		29		19	1				9						58
Stations and yards		142	10	120				7	16				9		203
Hospitals and hospital ships	4	2	25	12	9			2				1	5	2	774
Total	4	173	35	151	10			9	25			1	14	2	1,122
Chorea:															
Stations and yards		1		1											1
Hospitals and hospital ships		1	1	1										1	18
Total		2	1	2										1	19
Dementia:															
Force afloat	2	38	6					1	39				5	1	295
Stations and yards		23	8	2	1			7	15	5			1		380
Hospitals and hospital ships	6	30	68	6	6		2	12		56			16	6	2,248
Total	8	91	82	8	7		2	20	54	61			22	7	2,923
Encephalitis:															
Stations and yards		1							1						1
Hospitals and hospital ships		1	1				1	1							180
Total		2	1				1	1	1						181
Epilepsia:															
Force afloat	3	42	15	21	1			4	29				5		448
Stations and yards	4	43	8	8				25	22						421
Hospitals and hospital ships	1	2	60	11	2	2		35					12	1	1,740
Total	8	87	83	40	3	2		64	51				17	1	2,609
Febris thermica:															
Force afloat		29		28	1										121
Hospitals and hospital ships		1		1											3
Total		30		29	1										124
Hemicrania:															
Force afloat		1		1											1
Hemiplegia:															
Force afloat		2	2						3					1	105
Stations and yards		3	2					2	2				1		264
Hospitals and hospital ships	3	1	5	2				4					3		786
Total	3	6	9	2				6	5				4	1	1,155

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Hysteria:															
Force afloat		7	2	4	1				3				1		36
Stations and yards		7	3	1				2	7						67
Hospitals and hospital ships		6	13	6	2			6					4	1	638
Total		20	18	11	3			8	10				5	1	741
Insanitas manic-depremens:															
Force afloat	3	17	2	1					21						119
Stations and yards		12	5					4	12	1					113
Hospitals and hospital ships	3	7	39	6	5			3		25			8	2	1,175
Total	6	36	46	7	5			7	33	26			8	2	1,407
Insomnia:															
Force afloat		1							1						1
Stations and yards		18	1	15					4						92
Hospitals and hospital ships			5	3								1		1	41
Total		19	6	18					5			1		1	134
Meningitis:															
Force afloat		2	1						3						6
Stations and yards		3		1					2						29
Hospitals and hospital ships	2	2	5	2	3			1					2	1	484
Total	2	7	6	3	3			1	5				2	1	519
Monoplegia:															
Force afloat		8		3					5						90
Stations and yards		10	1	3					8						65

Hospitals and hospital ships	2	3	16	11	1			4					3	2	991
Total	2	21	17	17	1			4	13				3	2	1,146
Myelitis:															
Force afloat	2								2						24
Hospitals and hospital ships		1	2					2					1		452
Total	2	1	2					2	2				1		476
Nausea marina:															
Force afloat		56	10	53				6	6				1		125
Stations and yards		5		4				1							51
Hospitals and hospital ships	1	1	6	1	1			6							140
Total	1	62	16	58	1			13	6				1		316
Neuralgia:															
Force afloat		43	3	38					8						182
Stations and yards		31	2	28		1			4						97
Hospitals and hospital ships			13	6	7										338
Total		74	18	72	7	1			12						617
Neurasthenia:															
Force afloat	1	54	9	14				1	41	1		3	3	1	479
Stations and yards		50	35	36				6	37			1	5		1,810
Hospitals and hospital ships	10	17	100	44	19	1		21				13	21	8	3,743
Total	11	121	144	94	19	1		28	78	1		17	29	9	6,032
Neuritis:															
Force afloat	1	25	2	16					12						270
Stations and yards		18	6	8				1	15						243
Hospitals and hospital ships	4	5	33	19	3			7				1	10	2	1,834
Total	5	48	41	43	3			8	27			1	10	2	2,347
Neuritis multiplex:															
Stations and yards		2	1	1					2						67
Hospitals and hospital ships	1		4	1				1				1	2		226
Total	1	2	5	2				1	2			1	2		293
Nostalgia:															
Force afloat		1							1						1
Stations and yards		3		2					1						43
Hospitals and hospital ships		1	2	3											39
Total		5	2	5					2						83

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Edema angeiospasticum:															
Force afloat		2		2											5
Stations and yards		1		1											7
Hospitals and hospital ships	1							1							20
Total	1	3		3				1							32
Paralysis agitans:															
Hospitals and hospital ships		1												1	48
Paralysis glosso-labio-laryngealis:															
Hospitals and hospital ships		1			1										148
Paranoia:															
Force afloat		1							1						2
Stations and yards		1							1						1
Hospitals and hospital ships		2	2	1	1					2					32
Total		4	2	1	1				2	2					35
Paraplegia:															
Force afloat		1							1						3
Hospitals and hospital ships			1	1											18
Total		1	1	1					1						21
Prostratio thermica:															
Force afloat		41	1	39					2				1		141
Stations and yards		11	1	6			1		5						19
Hospitals and hospital ships			7	7											115
Total		52	9	52			1		7				1		275

Psychasthenia:															
Force afloat		14		6				1	6				1		58
Stations and yards		23	10	5				12	14			1	1		355
Hospitals and hospital ships		12	23	1	5			10		6		3	6	4	844
Total		49	33	12	5			23	20	6		4	8	4	1,257
Sciatica:															
Force afloat		18	4	12					9			1			178
Stations and yards		14	5	9				1	8					1	178
Hospitals and hospital ships		5	22	16	4			2					3	2	1,157
Total		37	31	37	4			3	17			1	3	3	1,513
Sclerosis spinalis lateralis amyotrophica:															
Force afloat		1						1							1
Sclerosis spinalis multiplex:															
Stations and yards			1					1							1
Hospitals and hospital ships		1											1		60
Total		1	1					1					1		61
Sclerosis spinalis posterior:															
Force afloat		1							1						3
Stations and yards		1						1							1
Hospitals and hospital ships	3	2	3	4	1			2					1		286
Total	3	4	3	4	1			3	1				1		290
Torticollis spasmodica:															
Force afloat		6		5					1						22
Stations and yards		1		1											2
Hospitals and hospital ships			1	1											7
Total		7	1	7					1						31
Vertigo:															
Force afloat		15	2	14				1	2						86
Stations and yards		16	1	12					5						70
Hospitals and hospital ships	3		8	6	1			2					1	1	267
Total	3	31	11	32	1			3	7				1	1	423
Other diseases of this class:															
Anterior polio-myelitis—															
Force afloat		1							1						2
Hospitals and hospital ships			1		1										3
Total		1	1		1				1						5

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Other diseases of this class—Continued.															
Dyslalia—															
Stations and yards	.....	4	.....	1	.....	...	.....	2	1	...	.....	.....	.....	.....	30
Hospitals and hospital ships	.....	1	1	1	.....	...	.....	1	.....	...	.....	.....	.....	.....	137
Total	.....	5	1	2	.....	...	.....	3	1	...	.....	.....	.....	.....	167
Somnambulism—															
Force afloat	.....	3	1	1	.....	...	.....	1	2	...	.....	.....	.....	.....	11
Stations and yards	.....	1	.....	.....	.....	...	.....	1	.....	...	.....	.....	.....	.....	6
Hospitals and hospital ships	.....	.....	2	1	.....	...	.....	1	.....	...	.....	.....	.....	.....	92
Total	.....	4	3	2	.....	...	.....	3	2	...	.....	.....	.....	.....	109
Syncope—															
Force afloat	.....	1	.....	1	.....	...	.....	.....	.....	...	.....	.....	.....	.....	3
Totals for class No. 4:															
Force afloat	12	462	60	278	4	...	1	16	210	1	.....	4	17	3	2,919
Stations and yards	4	447	100	265	1	1	1	73	184	6	.....	2	17	1	4,679
Hospitals and hospital ships	45	106	473	176	72	3	3	125	.....	89	.....	20	100	36	19,304
Total	61	1,015	633	719	77	4	5	214	394	96	.....	26	134	40	26,902
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS.															
Achromatopsia:															
Stations and yards	1	7	2	1	.....	...	.....	5	3	...	.....	.....	1	.....	42
Hospitals and hospital ships	2	.....	3	.....	1	...	.....	4	.....	...	.....	.....	.....	.....	111
Total	3	7	5	1	1	...	.....	9	3	...	.....	.....	1	.....	153

Amaurosis:															
Force afloat		3			2				1						10
Hospitals and hospital ships	1		1	1				1							25
Total	1	3	1	1	2			1	1						35
Amblyopia:															
Force afloat		8	1	2	1				6						63
Stations and yards		4						2	2						45
Hospitals and hospital ships		4	9	8	2			1					1	1	323
Total		16	10	10	3			3	8				1	1	431
Asthenopia:															
Force afloat		24	1	5					20						88
Stations and yards		41	1	39				1	2						165
Hospitals and hospital ships	1	2	28	19	2			5				1	3	1	718
Total	1	67	30	63	2			6	22			1	3	1	971
Astigmatismus:															
Force afloat		26	3	7					22						57
Stations and yards		37	4	35				1	5						131
Hospitals and hospital ships		7	27	25	1			4						4	564
Total		70	34	67	1			5	27					4	752
Blepharitis:															
Force afloat		3		3											3
Stations and yards		4		4											15
Hospitals and hospital ships		1		1											1
Total		8		8											19
Cataracta:															
Force afloat		2							2						6
Hospitals and hospital ships		1	3		1			1					1	1	177
Total		3	3		1			1	2				1	1	183
Chalazion:															
Force afloat		4		2					1						5
Hospitals and hospital ships		1	1	1	1										59
Total		4	1	3	1				1						64
Chorioiditis:															
Force afloat		3		1					2						16
Stations and yards		6		2				2	2						49
Hospitals and hospital ships			5	2				1						2	405
Total		9	5	5				3	4					2	470

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS—Continued.															
Conjunctivitis:															
Force afloat	4	115	11	97	3				26				2	2	673
Stations and yards		77	11	61				1	25					1	484
Hospitals and hospital ships	4	7	52	43	8			1				1	3	7	1,452
Total	8	199	74	201	11			2	51			1	5	10	2,609
Corneae ulcus:															
Force afloat	1	32	4	27					10						180
Stations and yards		8	1	3	1			1	4						72
Hospitals and hospital ships		1	14	12									1	2	399
Total	1	41	19	42	1			1	14				1	2	651
Dacryocystitis:															
Force afloat		3	1	1				1	2						37
Stations and yards		1		1											7
Hospitals and hospital ships			2	2											104
Total		4	3	4				1	2						148
Glaucoma:															
Force afloat		1							1						5
Hospitals and hospital ships		1	1	2											88
Total		2	1	2					1						93
Hordeolus:															
Force afloat		6		6											12
Stations and yards		2		2											7

Hospitals and hospital ships		1		1											9
Total		9		9											28
Hypermetropia:															
Force afloat		10	2	4					8						21
Stations and yards		46	7	52				1							200
Hospitals and hospital ships		4	9	7	2			2					2		166
Total		60	18	63	2			3	8				2		387
Iritis:															
Force afloat		39	3	19					20					3	453
Stations and yards		16	5	5				1	14				1		181
Hospitals and hospital ships	2	6	39	25	5	1		9					5	2	1,786
Total	2	61	47	49	5	1		10	34				6	5	2,419
Keratitis:															
Force afloat		22	2	13					9				2		126
Stations and yards		7	4	1	1			2	5				1	1	55
Hospitals and hospital ships		4	17	12				2					5	2	512
Total		33	23	26	1			4	14				8	3	693
Leucoma:															
Force afloat		3		3											5
Hospitals and hospital ships		2	1	1				2							56
Total		5	1	4				2							61
Myopia:															
Force afloat		8	1	4				1	4						37
Stations and yards		58	11	46				11	11				1		297
Hospitals and hospital ships		3	15	6	4	2		6							404
Total		69	27	56	4	2		18	15				1		738
Neuritis optica:															
Force afloat		5	2						7						27
Stations and yards		4	1	2					2					1	336
Hospitals and hospital ships		3	9	3	2			3				1	1	2	335
Total		12	12	5	2			3	9			1	1	3	698
Obstructio lacrimalis:															
Force afloat		4		1					3						7
Stations and yards		2							2						5
Hospitals and hospital ships			5	2	2									1	110
Total		6	5	3	2				5					1	122

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS—Continued.															
Panophthalmitis:															
Hospitals and hospital ships	1			1											28
Pterygium:															
Force afloat		25	2	4					22				1		71
Stations and yards		13	1	4					10						46
Hospitals and hospital ships	2	8	34	38	5			1							1,356
Total	2	46	37	46	5			1	32				1		1,473
Retinitis:															
Force afloat	1	11	2	2				1	9				1	1	117
Stations and yards		11	6	5				4	7					1	273
Hospitals and hospital ships	1	2	20	7	2			7				1	5	1	1,067
Total	2	24	28	14	2			12	16			1	6	3	1,457
Sclerotitis:															
Force afloat		5	1	5					1						29
Hospitals and hospital ships		1	1	2											73
Total		6	2	7					1						102
Trachoma:															
Force afloat		3		2					1						3
Stations and yards		7	2	1				3	4				1		70
Hospitals and hospital ships	2	3	5	1	1			7					1		264
Total	2	13	7	4	1			10	5				2		337

Other diseases of this class:															
Anisometropia—															
Stations and yards		3		3											22
Defective vision—															
Force afloat		1												1	11
Hemorrhage of anterior chamber—															
Force afloat		1		1											12
Hemorrhage of sclera—															
Force afloat		1		1											1
Heterophoria—															
Hospitals and hospital ships		1						1							35
Hyperphoria—															
Force afloat		1							1						2
Hospitals and hospital ships			1	1											25
Total		1	1	1					1						27
Presbyopia—															
Force afloat		2	1	1					2						6
Hospitals and hospital ships		2	2	4											144
Total		4	3	5					2						150
Strabismus—															
Force afloat		4	1	1					3				1		12
Stations and yards		2		1					1						7
Hospitals and hospital ships	1	1	5	1	3								1	2	181
Total	1	7	6	3	3				4				2	2	200
Symblepharon—															
Hospitals and hospital ships		2		2											40
Totals for class No. 5:															
Force afloat	6	374	38	212	6			3	183				7	7	2,095
Stations and yards	1	356	56	268	2			35	99				5	4	2,509
Hospitals and hospital ships	17	68	309	230	42	3		58				4	29	28	11,017
Total	24	798	403	710	50	3		96	282			4	41	39	15,621
CLASS NO. 6.—DISEASES OF THE AUDITORY APPARATUS.															
Mastoiditis:															
Force afloat		10	2	3					5				2	2	59
Stations and yards		3		1					2						49
Hospitals and hospital ships	1	3	10	7	2			2					2	1	700
Total	1	16	12	11	2			2	7				4	3	808

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 6.—DISEASES OF THE AUDITORY APPARATUS—Contd.															
Myringitis:															
Force afloat		1		1											4
Stations and yards		1	1						2						15
Hospitals and hospital ships			2			1		1							50
Total		2	3	1		1		1	2						69
Membranae tympani ruptio:															
Force afloat		18	1	16					3						87
Stations and yards		7		3				3						1	146
Hospitals and hospital ships		1	3	2				1						1	160
Total		26	4	21				4	3					2	393
Otalgia:															
Force afloat		1		1											6
Stations and yards		1		1											1
Total		2		2											7
Otitis externa:															
Force afloat		48		43					4				1		197
Stations and yards		14	2	8	1				7						38
Hospitals and hospital ships	1		11	8	3									1	379
Total	1	62	13	59	4				11				1	1	614

Otitis media:															
Force afloat		146	11	85	2			1	64				4	1	780
Stations and yards	2	166	33	82	2			22	94					1	911
Hospitals and hospital ships	16	33	179	125	20	1	1	33				1	25	22	8,627
Total	18	345	223	292	24	1	1	56	158			1	29	24	10,288
Surditas:															
Force afloat		15	3	3					14				1		97
Stations and yards		41	9	15				6	28				1		438
Hospitals and hospital ships	4	9	47	17	2			19				1	14	7	2,051
Total	4	65	59	35	2			25	42			1	16	7	2,586
Vertigo (auralis):															
Force afloat			1	1											1
Other diseases of this class:															
Othematoma—															
Force afloat			1						1						1
Hospitals and hospital ships			1	1											43
Total			2	1					1						44
Otitis interna—															
Hospitals and hospital ships		1			1										25
Tinitus aurium—															
Force afloat		1							1						2
Hospitals and hospital ships			1	1											20
Total		1	1	1					1						22
Totals for class No. 6:															
Force afloat		240	19	153	2			1	92				8	3	1,204
Stations and yards	2	233	45	110	3			31	133				1	2	1,598
Hospitals and hospital ships	22	47	254	161	28	2	1	56				2	41	32	12,055
Total	24	520	318	424	33	2	1	88	225			2	50	37	14,857
CLASS NO. 7.—DISEASES OF THE OLFACTORY APPARATUS.															
Antri abscessus:															
Force afloat		4		1					3						0
Stations and yards		1							1						7
Hospitals and hospital ships			4	2									1	1	210
Total		5	4	3					4				1	1	217

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 7.—DISEASES OF THE OLFACTORY APPARATUS—Contd.															
Rhinitis acuta:															
Force afloat		40		39					1						102
Stations and yards		66	1	66					1						142
Hospitals and hospital ships			2	2											39
Total		106	3	107					2						283
Rhinitis chronica:															
Force afloat	1	26	3	4					26						82
Stations and yards		18	4	5				3	14						103
Hospitals and hospital ships	7	13	45	35	9	1		11					4	5	2,084
Total	8	57	52	44	9	1		14	40				4	5	2,269
Other diseases of this class:															
Adenoids—															
Hospitals and hospital ships			1	1											12
Hypertrophied turbinates—															
Force afloat		1							1						1
Hospitals and hospital ships			1	1											31
Total		1	1	1					1						32
Ozena—															
Force afloat		1							1						2
Hospitals and hospital ships			1					1							86
Total		1	1					1	1						88

Perforated nasal septum—															
Force afloat		1						1							7
Sinusitis (ethmoidal)—															
Hospitals and hospital ships		1												1	63
Sinusitis (frontal)—															
Force afloat		2		1					1						3
Stations and yards		1							1						1
Hospitals and hospital ships	2	3	3	3	2		1						1	1	374
Total	2	6	3	4	2		1		2				1	1	378
Totals for class 7:															
Force afloat	1	75	3	45				1	33						204
Stations and yards		86	5	71				3	17						246
Hospitals and hospital ships	9	17	57	44	11	1	1	12					6	8	2,899
Total	10	178	65	160	11	1	1	16	50				6	6	3,349
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS.															
SUBSIDIARY CLASS 1.—*Diseases of the digestive system.*															
Adenitis salivosa:															
Force afloat		2		2											9
Aniprolapsio:															
Hospitals and hospital ships		1						1							34
Ani rhagades:															
Force afloat		2		2											19
Stations and yards		1							1						1
Hospitals and hospital ships			2	1										1	10
Total		3	2	3					1					1	30
Appendicitis:															
Force afloat	5	300	34	110			4		212				8	5	1,925
Stations and yards	3	145	27	67			1	2	101				3	1	1,378
Hospitals and hospital ships	36	46	345	314	36		5	8				7	26	31	13,023
Total	44	491	406	491	36		10	10	313			7	37	37	16,326
Catarrhus gastricus acutus:															
Force afloat	1	103	5	95					14						405
Stations and yards		143	5	123	1				18				6		386
Hospitals and hospital ships	3	7	32	32	8									2	657
Total	4	253	42	260	9				32				6	2	1,448

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 1.—*Diseases of the digestive system*—Contd.															
Catarrhus gastricus chronicus:															
Force afloat		34	3	13					22				2		241
Stations and yards		20	6	9	1				16						162
Hospitals and hospital ships	7	9	57	36	12		1	5				1	12	6	2,176
Total	7	63	66	58	13		1	5	38			1	14	6	2,579
Catarrhus intestinalis acutus:															
Force afloat		126	2	112	2		1		12					1	511
Stations and yards		284	7	262	1				26				2		869
Hospitals and hospital ships		5	38	29	9							2	1	2	492
Total		415	47	303	12		1		38			2	3	3	1,872
Catarrhus intestinalis chronicus:															
Force afloat		2		2											6
Stations and yards	1	4							5						17
Hospitals and hospital ships			8	4	2								2		303
Total	1	6	8	6	2				5				2		326
Cholangeitis:															
Force afloat	1	50		42	1				8						365
Stations and yards		22	1	14					9						263
Hospitals and hospital ships	2	2	19	18	5										491
Total	3	74	20	74	6				17						1,119

Cholecystitis:															
Force afloat		18	4	11					11						130
Stations and yards		12		5					7						117
Hospitals and hospital ships	4	2	21	14	3			2					5	3	773
Total	4	32	25	30	3			2	18				5	3	1,020
Cholelithiasis:															
Force afloat		9	5	6					7				1		30
Stations and yards		4	1	1					4						4
Hospitals and hospital ships	2	1	13	6	6								2	2	436
Total	2	14	19	13	6				11				3	2	470
Colica:															
Force afloat	1	129	6	127	1				8						376
Stations and yards		115	2	109				1	7						202
Hospitals and hospital ships		1	11	11	1										145
Total	1	245	19	247	2			1	15						723
Colitis:															
Force afloat		12	1	9					2				2		73
Stations and yards		8	1	8										1	41
Hospitals and hospital ships			2	2											68
Total		20	4	19					2				2	1	182
Constipatio:															
Force afloat		80	1	71					10						222
Stations and yards	1	98	1	91	1			2	5					1	190
Hospitals and hospital ships	1	4	17	12	4			2					4		453
Total	2	182	19	174	5			4	15				4	1	845
Dentis caries:															
Force afloat		15		11					4						55
Stations and yards		20	3	17				2	3				1		90
Hospitals and hospital ships			7	5	1			1							255
Total		35	10	33	1			3	7				1		400
Dyspepsia nervosa:															
Force afloat		5		4					1						20
Stations and yards		3		3											5
Hospitals and hospital ships	1		1	1	1										111
Total	1	8	1	8	1				1						136

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 1.—*Diseases of the digestive system*—Continued.															
Enteritis:															
Force afloat	......	53	3	52	......	......	......	......	4	......	......	......	......	......	204
Stations and yards	......	53	1	27	1	......	......	......	26	......	......	......	......	......	282
Hospitals and hospital ships	......	7	32	31	7	......	......	......	......	......	......	......	......	1	506
Total	......	113	36	110	8	......	......	......	30	......	......	......	......	1	992
Fistula in ano:															
Force afloat	......	24	6	11	......	......	......	......	19	......	......	......	......	......	234
Stations and yards	......	25	4	5	1	......	......	1	22	......	......	......	......	......	111
Hospitals and hospital ships	4	4	44	36	6	......	......	1	......	......	1	......	5	3	2,354
Total	4	53	54	52	7	......	......	2	41	......	1	......	5	3	2,699
Gastralgia:															
Force afloat	......	11	......	10	......	......	......	......	1	......	......	......	......	......	32
Stations and yards	......	6	......	6	......	......	......	......	......	......	......	......	......	......	17
Hospitals and hospital ships	......	1	2	1	......	......	......	......	......	......	......	......	1	1	55
Total	......	18	2	17	......	......	......	......	1	......	......	......	1	1	104
Gastrectasis:															
Force afloat	......	2	......	1	......	......	1	......	......	......	......	......	......	......	4
Gastroptosis:															
Force afloat	......	1	1	......	......	......	......	......	2	......	......	......	......	......	3
Hospitals and hospital ships	......	1	2	2	......	......	......	......	......	......	......	......	......	1	125
Total	......	2	3	2	......	......	......	......	2	......	......	......	......	1	128

Glossitis:															
Stations and yards		1		1											4
Hæmorrhois:															
Force afloat	2	197	13	83					127				1	1	763
Stations and yards		114	9	80				1	90				2		484
Hospitals and hospital ships	21	18	217	220	17			1					6	12	6,332
Total	23	329	239	333	17			2	217				9	13	7,529
Hepatis congestio:															
Force afloat		15	1	11					4				1		102
Stations and yards		18		13											98
Hospitals and hospital ships	1	5	4	9	1										158
Total	1	38	5	33	1				4				1		358
Hepatitis acuta:															
Force afloat		3		1					2						14
Stations and yards		9		2					7						33
Hospitals and hospital ships			9	7	2										245
Total		12	9	10	2				9						292
Hepatitis chronica:															
Stations and yards		2							2						3
Hospitals and hospital ships		1	3	2	1		1								174
Total		3	3	2	1		1		2						177
Hepatitis suppurativa:															
Force afloat		1					1								84
Hospitals and hospital ships		4	2	4				1					1		348
Total		5	2	4			1	1					1		432
Hypertrophia tonsillaris:															
Force afloat		39		19					20						92
Stations and yards		25	3	9				1	18						67
Hospitals and hospital ships	3	12	39	48	3	1								2	1,371
Total	3	76	42	76	3	1		1	38					2	1,530
Obstructio intestinalis:															
Force afloat		4					1		3						6
Stations and yards		1	1	2											34
Hospitals and hospital ships	1	3	5	3	2		1					1	2		317
Total	1	8	6	5	2		2		3			1	2		357

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS I.—*Diseases of the digestive system*—Continued.															
Pancreatitis:															
Force afloat		2	1	2									1		21
Stations and yards			1						1						4
Hospitals and hospital ships			1											1	23
Total		2	3	2					1				1	1	48
Parulis:															
Force afloat		3		2					1						6
Hospitals and hospital ships			1	1											52
Total		3	1	3					1						58
Peritonitis:															
Force afloat		1							1						1
Hospitals and hospital ships		2	1				2							1	31
Total		3	1				2		1					1	32
Pharyngitis:															
Force afloat		27	1	22	1				5						95
Stations and yards		76	1	73	1				3						185
Hospitals and hospital ships		8	9	16	1										109
Total		111	11	111	3				8						389

Proctitis:															
Force afloat		2		2											14
Psilosis:															
Hospitals and hospital ships		1											1		16
Pyorrhœa alveolaris:															
Force afloat		7		5	1				1						27
Stations and yards		3	1	1					3						7
Hospitals and hospital ships			4	2	2										44
Total		10	5	8	3				4						78
Stomatitis:															
Force afloat		4		4											21
Stations and yards		3		2					1						5
Hospitals and hospital ships			1	1											21
Total		7	1	7					1						47
Tonsillitis:															
Force afloat	17	1,855	63	1,779	23				107				8	18	7,804
Stations and yards	7	845	21	737	12				118				1	5	3,419
Hospitals and hospital ships	6	67	229	268	20								1	13	4,343
Total	30	2,767	313	2,784	55				225				10	36	15,566
Ulcus duodenum:															
Force afloat		3							2				1		27
Stations and yards		2	1	3											79
Hospitals and hospital ships		2	2	1	1									2	208
Total		7	3	4	1				2				1	2	314
Ulcus gastricum:															
Force afloat		2	1	1					2						58
Stations and yards		1	1						2						20
Hospitals and hospital ships	3	5	7	10	2		1							2	463
Total	3	8	9	11	2		1		4					2	541
Uvula descendens:															
Stations and yards		1							1						1
Hospitals and hospital ships		1	1	2											55
Total		2	1	2					1						56

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 1.—*Diseases of the digestive system*—Continued.															
Other diseases of subclass 1:															
Anasarca—															
Force afloat		1		1											6
Dentis eruptio—															
Stations and yards		2		2											5
Fistula, abdominal—															
Hospitals and hospital ships			1	1											112
Fistula, fecal—															
Hospitals and hospital ships		1											1		41
Fistula, salivary—															
Stations and yards		1							1						1
Hospitals and hospital ships			1	1											10
Total		1	1	1					1						11
Gastro-enteritis—															
Force afloat	1								1						3
Stations and yards			1	1											34
Hospitals and hospital ships		1	1	1								1			37
Total	1	1	2	2					1			1			74
Gingivitis—															
Stations and yards		1		1											2
Hæmorrhage, from bowels—															
Stations and yards		1		1											15

Ptyalismus—															
Force afloat		1		1											10
Stricture, common hepatic duct—															
Hospitals and hospital ships		1		1											63
Totals for class 8, subclass No. 1:															
Force afloat	28	3,145	151	2,624	29		8		613				25	25	14,018
Stations and yards	12	2,064	99	1,625	19		1	10	497				15	8	8,585
Hospitals and hospital ships	95	223	1,191	1,153	153	1	11	22			1	12	70	86	37,040
Total	135	5,432	1,441	5,402	201	1	20	32	1,110		1	12	110	119	59,643
SUBSIDIARY CLASS 2.—*Diseases of the circulatory system.*															
A—BLOOD VESSELS.															
Aneurysma:															
Force afloat		2		1			1								18
Stations and yards		2					1		1						2
Hospitals and hospital ships	1	2	1	2			2								57
Total	1	6	1	3			4		1						77
Angina pectoris:															
Force afloat		4	1	2					3						28
Stations and yards		4	2	1			2		3						22
Hospitals and hospital ships	1		6	2	3			1					1		151
Total	1	8	9	5	3		2	1	6				1		201
Arteriosclerosis:															
Stations and yards		2	1	2					1						11
Hospitals and hospital ships			1				1								5
Total		2	2	2			1		1						16
Cordis dilatatio:															
Force afloat		1		1											6
Stations and yards		4		2			1					1			52
Hospitals and hospital ships			2				1							1	6
Total		5	2	3			2					1		1	64
Cordis hypertrophia:															
Force afloat		1	2	1				1	1						41
Stations and yards		1						1							25
Hospitals and hospital ships		1	2			1		2							71
Total		3	4	1		1		4	1						137

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 2.—*Diseases of the circulatory system*—Contd.															
A—BLOOD VESSELS—continued.															
Cordis palpitatic:															
Force afloat	1	31	3	20	1			1	12				1		298
Stations and yards		23	9	12	1			4	13				1	1	283
Hospitals and hospital ships	3	2	26	10	3			12						6	1,379
Total	4	56	38	42	5			17	25				2	7	1,960
Cordis valvularum morbus:															
Force afloat	1	30	4	14	1		1		18				1		140
Stations and yards	1	68	11	13				37	27				3		706
Hospitals and hospital ships	4	30	54	17	4		2	47					13	5	2,428
Total	6	128	69	44	5		3	84	45				17	5	3,274
Embolismus:															
Hospitals and hospital ships		1		1											33
Endocarditis:															
Force afloat	1	3		3										1	94
Hospitals and hospital ships		2	1				1						1	1	122
Total	1	5	1	3			1						1	2	216
Myocarditis:															
Force afloat		4	1	2					3						49
Stations and yards		2					2								2
Hospitals and hospital ships	1		4	4										1	273
Total	1	6	5	6			2		3					1	324

Pericarditis:															
Stations and yards		2							2						2
Hospital and hospital ships			2										1	1	135
Total		2	2						2				1	1	137
Phlebitis:															
Force afloat		5	1	1					5						47
Stations and yards		3							3						3
Hospitals and hospital ships		2	8	6	2								2		315
Total		10	9	7	2				8				2		365
Thrombosis:															
Stations and yards		1					1								19
Total		1					1								19
Varix:															
Force afloat		33	3	9					27						156
Stations and yards	1	15	5	7				1	13						140
Hospitals and hospital ships	6	8	43	34	8	1		3					4	7	1,915
Total	7	56	51	50	8	1		4	40				4	7	2,211
Other diseases of subclass 2a:															
Pseudo-angina pectoris—															
Stations and yards		1						1							12
Tachycardia—															
Force afloat		1		1											7
Stations and yards		1							1						1
Hospitals and hospital ships			1		1										4
Total		2	1	1	1				1						12
Totals for Class No. 8, subclass No. 2a:															
Force afloat	3	115	15	55	2		2	2	69				2	1	884
Stations and yards	2	129	28	37	1		7	44	64			1	4	1	1,280
Hospitals and hospital ships	16	48	151	76	21	2	7	65					22	22	6,894
Total	21	292	194	168	24	2	16	111	133			1	28	24	9,058
[SUBSIDIARY CLASS 2 B—*Lymphatics*.															
Lymphadenitis:															
Force afloat	3	132	14	104	1				38				2	4	1,861
Stations and yards		65	7	26					44					2	405
Hospitals and hospital ships	4	17	97	74	16			4					10	14	3,838
Total	7	214	118	204	17			4	82				12	20	6,104

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 2 B—*Lymphatics*—Continued.															
Lymphangeitis:															
Force afloat		22	1	19					3				1		220
Stations and yards		8	1	7					1				1		48
Hospitals and hospital ships		1	4	4										1	253
Total		31	6	30					4				2	1	521
Splenypertrophia:															
Hospitals and hospital ships	1			1											115
Totals for class No. 8, subclass No. 2b:															
Force afloat	3	154	15	123	1				41				3	4	2,081
Stations and yards		73	8	33					45				1	2	453
Hospitals and hospital ships	5	18	101	79	16			4					10	15	4,206
Total	8	245	124	235	17			4	86				14	21	6,740
SUBSIDIARY CLASS 3.—*Diseases of the respiratory system.*															
Asthma:															
Force afloat		6	3	5				1	3						85
Stations and yards		14	1	5				2	8						107
Hospitals and hospital ships	1	2	15	9	2			3				1	3		366
Total	1	22	19	19	2			6	11			1	3		558

Bronchopneumonitis:															
Force afloat		9		3	1		1		3					1	92
Stations and yards		12	2	3					10				1		191
Hospitals and hospital ships		11	14	12	3		5					2	1	2	593
Total		32	16	18	4		6		13			2	2	3	876
Bronchitis acuta:															
Force afloat	7	371	9	346	11				26				2	2	1,878
Stations and yards	5	469	19	403	19				68					3	2,740
Hospitals and hospital ships	8	24	98	99	21			2			1		3	4	2,196
Total	20	864	126	848	51			2	94		1		5	9	6,814
Bronchitis chronica:															
Force afloat		86	17	34	2			1	62				1	3	693
Stations and yards	1	47	13	15				5	39			2			504
Hospitals and hospital ships	13	20	114	60	41			15			2	1	13	15	4,133
Total	14	153	144	109	43			21	101		2	3	14	18	5,330
Emphysema pulmonalis:															
Force afloat															
Stations and yards		2		1					1						9
Hospitals and hospital ships			1	1											27
Total		2	1	2					1						36
Hemoptysis:															
Force afloat		2					1		1						7
Stations and yards		6							6						6
Hospitals and hospital ships			7	2	5										166
Total		8	7	2	5		1		7						179
Laryngitis acuta:															
Force afloat	1	23		21	1				1					1	134
Stations and yards		43	1	33	1				9					1	202
Hospitals and hospital ships	1	1	9	8	2									1	204
Total	2	67	10	62	4				10					3	540
Laryngitis chronica:															
Force afloat		4	3	2					5						54
Stations and yards		14	4	6					11				1		49
Hospitals and hospital ships	2		16	13	1			2					2		435
Total	2	18	23	21	1			2	16				3		538

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBSIDIARY CLASS 3.—*Diseases of the respiratory system*—Contd.															
Pleuritis acuta:															
Force afloat	1	60	6	42					21				2	2	477
Stations and yards		45	1	23	2				18					3	287
Hospitals and hospital ships	5	11	39	33	14			1					1	6	1,538
Total	6	116	46	98	16			1	39				3	11	2,302
Pleuritis chronica:															
Force afloat		14		4	1				8					1	114
Stations and yards		12	1	2				1	9				1		37
Hospitals and hospital ships	3	9	22	13	3		1	8					4	5	957
Total	3	35	23	19	4		1	9	17				5	6	1,108
Pleuritis purulenta:															
Force afloat		2	2	1					3						46
Stations and yards		3							3						11
Hospitals and hospital ships	2	16	7	9	1	1	3						2	9	1,709
Total	2	21	9	10	1	1	3		6				2	9	1,766
Other diseases of subclass No. 3:															
Epistaxis—															
Force afloat		2		1					1						5
Stations and yards		3							3						4
Hospitals and hospital ships			4	1	3										39
Total		5	4	2	3				4						48

Pneumopyothorax—															
Hospitals and hospital ships		1		1											205
Totals for class No. 8, subclass No. 3:															
Force afloat	9	579	40	459	16		2	2	134				5	10	3,585
Stations and yards	6	670	42	491	22			8	185			2	3	7	4,147
Hospitals and hospital ships	35	95	346	261	96	1	9	31			3	4	29	42	12,568
Total	50	1,344	428	1,211	134	1	11	41	319		3	6	37	59	20,300
Totals for class No. 8:															
Force afloat	43	3,993	221	3,261	48		12	4	857				35	40	20,568
Stations and yards	20	2,936	177	2,186	42		8	62	791			3	23	18	14,465
Hospitals and hospital ships	151	384	1,789	1,569	286	4	27	122			4	16	131	165	60,708
Total	214	7,313	2,187	7,016	376	4	47	188	1,648		4	19	189	223	95,741
CLASS NO. 9.—DISEASES OF THE ORGANS OF LOCOMOTION.															
Ankylosis:															
Stations and yards		5		1		1		1	2						75
Hospitals and hospital ships	3	2	3	2				5					1		312
Total	3	7	3	3		1		6	2				1		387
Arthritis:															
Force afloat		58	8	38					26				1	1	420
Stations and yards		33	10	23	1			2	15				1	1	364
Hospitals and hospital ships	6	12	44	30	7	1		8					8	8	2,681
Total	6	103	62	91	8	1		10	41				10	10	3,465
Arthritis deformans:															
Stations and yards		1		1											6
Bursitis:															
Force afloat	1	30	4	25					8				2		228
Stations and yards		22	12	15				2	14				3		158
Hospitals and hospital ships	3	3	22	17	3	1		1					3	3	1,339
Total	4	55	38	57	3	1		3	22				8	3	1,725
Caries:															
Force afloat		2	1	1					1				1		11
Stations and yards		1							1						2
Hospitals and hospital ships		3	2	4										1	336
Total		6	3	5					2				1	1	349

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 9.—DISEASES OF THE ORGANS OF LOCOMOTION—Continued.															
Contractura:															
Force afloat		2							2						10
Stations and yards		2							2						1
Hospitals and hospital ships		1	6	2	1			1					2	1	232
Total		5	6	2	1			1	4				2	1	243
Ganglion:															
Force afloat	1	5	2	6					1					1	70
Stations and yards		2							2						3
Hospitals and hospital ships			3	1										2	52
Total	1	7	5	7					3					3	125
Gangræna:															
Force afloat		1		1											13
Hospitals and hospital ships	1	2		1	1		1								121
Total	1	3		2	1		1								134
Myalgia acuta:															
Force afloat	4	142	11	139	4				9				2	3	858
Stations and yards		86	5	73					17					1	377
Hospitals and hospital ships	5	5	33	26	10	1		2					2	2	1,192
Total	9	233	49	238	14	1		2	26				4	6	2,427

Myalgia chronica:															
Force afloat		25	5	15	1				13					1	171
Stations and yards	1	18	3	9					12				1		133
Hospitals and hospital ships	3	3	30	16	8			5				1	4	2	1,180
Total	4	46	38	40	9			5	25			1	5	3	1,484
Necrosis:															
Force afloat	1	3	1	1					4						129
Stations and yards		1							1						2
Hospitals and hospital ships	2	2	6	6				2					1	1	421
Total	3	6	7	7				2	5				1	1	552
Osteitis:															
Force afloat		3	1						4						9
Hospitals and hospital ships			6	3							1		1	1	439
Total		3	7	3					4		1		1	1	448
Osteomyelitis:															
Hospitals and hospital ships	1	2		1									1	1	178
Periostitis:															
Force afloat	1	22	3	16					8					2	276
Stations and yards		12		5					7						68
Hospitals and hospital ships	1		16	8	6								2	1	555
Total	2	34	19	29	6				15				2	3	899
Pes planus:															
Force afloat		66	9	25				2	42				3	3	585
Stations and yards	4	117	35	25				76	49				5	1	1,343
Hospitals and hospital ships	7	13	93	16	1			69					19	8	3,399
Total	11	196	137	66	1			147	91				27	12	5,327
Synovitis:															
Force afloat		89	15	83	1			1	16				1	2	808
Stations and yards		37	6	21				2	20						292
Hospitals and hospital ships	3	4	45	33	5			3					8	3	1,467
Total	3	130	66	137	6			6	36				9	5	2,567
Thecitis:															
Force afloat		11		11											58
Stations and yards		7	1	7									1		36
Hospitals and hospital ships	1							1							20
Total	1	18	1	18				1					1		114

Nomenclature.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
Class No. 9.—Diseases of the Organs of Locomotion—Continued.															
Other diseases of this class:															
Fistula, spinal—															
Hospitals and hospital ships	......	......	1	1	......	......	......	......	......	......	......	......	......	......	286
Myositis:															
Force afloat	......	2	......	2	......	......	......	......	......	......	......	......	......	......	21
Myotonia:															
Force afloat	......	1	......	1	......	......	......	......	......	......	......	......	......	......	2
Totals for Class No. 9:															
Force afloat	8	462	60	364	6	......	......	3	134	......	......	......	10	13	3,669
Stations and yards	5	344	72	180	1	1	......	83	142	......	......	......	11	3	2,842
Hospitals and hospital ships	36	52	310	167	42	3	1	97	......	......	1	1	52	34	14,210
Total	49	858	442	711	49	4	1	183	276	......	1	1	73	50	20,721
Class No. 10.—Diseases of the Skin and Connective Tissue.															
Abscessus:															
Force afloat	11	552	20	510	2	1	1	......	54	......	......	......	6	9	3,664
Stations and yards	2	246	10	192	5	......	......	......	59	......	......	......	2	......	1,985
Hospitals and hospital ships	16	35	124	124	20	1	2	2	......	......	......	1	11	14	5,381
Total	29	833	154	826	27	2	3	2	113	......	......	1	19	23	11,030
Acne:															
Force afloat	......	5	......	3	......	......	......	......	2	......	......	......	......	......	11
Stations and yards	......	1	......	......	......	......	......	......	1	......	......	......	......	......	1
Hospitals and hospital ships	2	......	3	5	......	......	......	......	......	......	......	......	......	......	124
Total	2	6	3	8	......	......	......	......	3	......	......	......	......	......	136

Carbunculus:															
Force afloat	1	24		22					2					1	176
Stations and yards		16		13					3						86
Hospitals and hospital ships		1	5	5	1										205
Total	1	41	5	40	1				5					1	467
Cellulitis:															
Force afloat	6	168	10	162					18				3	1	1,652
Stations and yards	1	42	3	28	2				16						264
Hospitals and hospital ships	1	12	38	39	7								4	1	1,036
Total	8	222	51	229	9				34				7	2	2,952
Clavus:															
Force afloat		4		4											20
Stations and yards		8	3	8					3						51
Hospitals and hospital ships			3	2				1							112
Total		12	6	14				1	3						183
Cutis fissuræ:															
Force afloat		2	1	1					2						11
Stations and yards		3		2					1						11
Hospitals and hospital ships		1	4	3	1								1		57
Total		6	5	6	1				3				1		79
Dermatitis venenata:															
Force afloat		20	1	18					3						112
Stations and yards		26	2	22	1				5						133
Hospitals and hospital ships		2	8	8										2	315
Total		48	11	48	1				8					2	560
Dysidrosis:															
Force afloat		1		1											1
Hospitals and hospital ships		1		1											48
Total		2		2											49
Ecthyma:															
Force afloat		4		2					2						33
Hospitals and hospital ships			2	1	1										61
Total		4	2	3	1				2						94

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Eczema:															
Force afloat		49	9	38	1				15				4		397
Stations and yards		32	7	21	1			1	13				1	2	416
Hospitals and hospital ships	1	5	30	25	6							1	2	2	1,442
Total	1	86	46	84	8			1	28			1	7	4	2,255
Erythema:															
Force afloat		7		6										1	30
Stations and yards		8		6					2						24
Hospitals and hospital ships		5	2	3									1	3	125
Total		20	2	15					2				1	4	179
Favus:															
Stations and yards		1							1						1
Hospitals and hospital ships			1		1										47
Total		1	1		1				1						48
Furunculus:															
Force afloat	2	256	14	262	1				9						1,316
Stations and yards	1	82	6	75					13					1	427
Hospitals and hospital ships		7	23	26	1									3	607
Total	3	345	43	363	2				22					4	2,350

Herpes simplex:															
Force afloat		8		8											27
Stations and yards		4		4											24
Total		12		12											51
Herpes zoster:															
Force afloat		25		23					1					1	91
Stations and yards		10		7					3						30
Hospitals and hospital ships	1	2	4	6										1	126
Total	1	37	4	36					4					2	247
Impetigo contagiosa:															
Stations and yards		5		1					3					1	68
Hospitals and hospital ships			4	3	1										91
Total		5	4	4	1				3					1	159
Lichen:															
Force afloat			1						1						2
Stations and yards		1							1						5
Hospitals and hospital ships	2	1	3	4	1								1		164
Total	2	2	4	4	1				2				1		171
Miliaria papulosa:															
Force afloat		3		2	1										20
Stations and yards		4		3	1										36
Total		7		5	2										56
Onychia:															
Force afloat		1		1											3
Stations and yards		2		2											10
Total		3		3											13
Paronychia:															
Force afloat	1	23		20	1				2					1	298
Stations and yards		5		4					1						19
Hospitals and hospital ships			3	3											113
Total	1	28	3	27	1				3					1	430
Pediculosis:															
Force afloat		12		12											14
Stations and yards		4		4											4
Hospitals and hospital ships	1			1											17
Total	1	16		17											35

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Pemphigus:															
Stations and yards		1		1											19
Hospitals and hospital ships	1	1		1	1										96
Total	1	2		2	1										115
Perino:															
Force afloat		2	2	3					1						17
Hospitals and hospital ships			3					1					2		42
Total		2	5	3				1	1				2		59
Pityriasis:															
Force afloat		3	1	3					1						13
Stations and yards		3							2				1		3
Hospitals and hospital ships		1	3	3	1										198
Total		7	4	6	1				3				1		214
Prurigo:															
Force afloat		4							4						4
Hospitals and hospital ships			4		4										16
Total		4	4		4				4						20
Pruritis:															
Force afloat		2		2											6

Psoriasis:															
Force afloat		9	4	10					1				1	1	77
Stations and yards		4		2					2						4
Hospitals and hospital ships	1	1	7	6	1			1					1		577
Total	1	14	11	18	1			1	3				2	1	658
Scabies:															
Force afloat	3	226	16	186	2				54				2	1	1,392
Stations and yards	3	175	10	73	2				113						766
Hospitals and hospital ships	10	15	169	164	11	1							1	17	4,902
Total	16	416	195	423	15	1			167				3	18	7,060
Sclerodermia:															
Force afloat		1		1											16
Trichophytosis:															
Force afloat	1	38	4	39					4						259
Stations and yards		126	11	122					14					1	871
Hospitals and hospital ships	2	12	18	28				1						3	808
Total	3	176	33	189				1	18					4	1,938
Ulcus:															
Force afloat	4	77	5	56	3				26				1		834
Stations and yards		37	8	22				1	20				1	1	491
Hospitals and hospital ships	7	5	50	33	11			3					6	9	2,495
Total	11	119	63	111	14			4	46				8	10	3,820
Unguis involutus:															
Force afloat	1	78		75					3					1	588
Stations and yards		68	1	60	2				7						539
Hospitals and hospital ships		1	10	11											264
Total	1	147	11	146	2				10					1	1,391
Urticaria:															
Force afloat		15	1	15					1						70
Stations and yards		6		5					1						14
Hospitals and hospital ships		3	3	6											110
Total		24	4	26					2						194
Verruca:															
Force afloat		6	1	5					2						38
Stations and yards		3		1					2						8
Hospitals and hospital ships		2	4	4	1									1	128
Total		11	5	10	1				4					1	174

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Other diseases of this class:															
Bulla—															
Stations and yards		2		2											10
Fistula, inguinal—															
Stations and yards		1							1						3
Hospitals and hospital ships			1	1											23
Total		1	1	1					1						26
Ichthyosis—															
Force afloat		1							1						1
Stations and yards			1						1						1
Hospitals and hospital ships		1	2	3											23
Total		2	3	3					2						25
Keloid—															
Force afloat	1	1	1	2					1						31
Hospitals and hospital ships			1		1										137
Total	1	1	2	2	1				1						168
Papilloma—															
Force afloat		1		1											9
Totals for class No. 10:															
Force afloat	31	1,628	91	1,493	11	1	1		210				17	17	11,233
Stations and yards	7	926	62	680	14			2	288				5	6	6,272
Hospitals and hospital ships	45	114	532	519	71	2	2	9				2	30	56	19,890
Total	83	2,668	685	2,692	96	3	3	11	498			2	52	79	37,395

CLASS No. 11.—VENEREAL DISEASES.

Adenitis inguinalis:															
Force afloat	11	424	23	317	14	....	......	....	104	....	......	......	7	16	6,416
Stations and yards	3	212	28	99	2	....	......	....	125	....	......	......	4	13	2,239
Hospitals and hospital ships	43	12	229	216	27	2	......	....	....	....	......	......	14	25	11,237
Total	57	648	280	632	43	2	......	....	229	....	......	......	25	54	19,892
Arthritis gonorrhoica:															
Force afloat	2	118	27	50	2	....	......	....	87	....	......	......	5	3	1,483
Stations and yards	....	65	27	22	1	....	......	6	62	....	......	......	1	....	574
Hospitals and hospital ships	31	81	177	101	18	....	......	62	....	....	......	......	33	25	11,052
Total	33	214	231	173	21	....	......	68	149	....	......	......	39	28	13,109
Chancroid:															
Force afloat	8	1,337	77	1,312	21	1	......	....	69	....	......	......	6	13	5,199
Stations and yards	5	569	39	535	7	....	......	....	60	....	......	......	7	4	1,718
Hospitals and hospital ships	10	23	129	102	45	....	......	....	....	....	......	......	4	11	5.630
Total	23	1,929	245	1,949	73	1	......	....	129	....	......	......	17	28	12,547
Epididymitis:															
Force afloat	10	256	22	245	1	....	......	....	29	....	......	......	4	9	3,298
Stations and yards	....	104	13	58	1	....	......	1	52	....	......	......	....	5	950
Hospitals and hospital ships	18	8	84	94	7	....	......	3	....	....	......	......	2	4	3,641
Total	28	368	119	397	9	....	......	4	81	....	......	......	6	18	7,889
Fistula urinalis:															
Force afloat	....	1	....	....	....	....	......	....	1	....	......	......	....	....	4
Hospitals and hospital ships	....	1	3	2	....	....	......	....	....	....	......	......	....	2	119
Total	....	2	3	2	....	....	......	....	1	....	......	......	....	2	123
Gonorrhœa:															
Force afloat	15	3,519	421	3,723	12	....	......	2	190	....	......	......	11	17	9,379
Stations and yards	5	1,971	218	2,000	6	....	......	8	167	....	......	......	3	10	4,140
Hospitals and hospital ships	54	168	396	480	38	10	......	16	....	....	......	......	13	61	20,427
Total	74	5,658	1,035	6,203	56	10	......	26	357	....	......	......	27	88	33,946
Ophthalmia gonorrhoica:															
Force afloat	....	10	1	5	1	....	......	....	4	....	......	......	1	....	104
Stations and yards	1	4	....	1	1	....	......	....	3	....	......	......	....	....	35
Hospitals and hospital ships	3	7	8	11	4	....	......	....	....	....	......	......	2	1	594
Total	4	21	9	17	6	....	......	....	7	....	......	......	3	1	733

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 11.—VENEREAL DISEASES—Continued.															
Orchitis:															
Force afloat	6	199	26	183	1				39				6	2	2,248
Stations and yards	1	98	12	65	1			1	43					1	829
Hospitals and hospital ships	6	9	80	75	11			2					1	6	3,185
Total	13	306	118	323	13			3	82				7	9	6,262
Prostatitis:															
Force afloat	1	12	3	9					5				1	1	165
Stations and yards	1	6	1	4					3					1	83
Hospitals and hospital ships	3		9	7	4									1	522
Total	5	18	13	20	4				8				1	3	770
Syphilis:															
Force afloat	11	948	547	817	4			3	664				8	10	6,370
Stations and yards	7	442	234	212	2			21	435				8	5	3,577
Hospitals and hospital ships	136	275	1,176	1,226	72	5	2	58		2	1	1	86	134	56,263
Total	154	1,665	1,957	2,255	78	5	2	82	1,099	2	1	1	102	149	66.210
Urethræ strictura:															
Force afloat		26	5	15					15				1		90
Stations and yards		17	6	11	1			1	9				1		313
Hospitals and hospital ships	2	4	28	24	4			1					4	1	1,028
Total	2	47	39	50	5			2	24				6	1	1.431

Verruca acuminata:															
Force afloat		33	1	25					8					1	154
Stations and yards		13	1	10					4						65
Hospitals and hospital ships		2	13	12	2								1		328
Total		48	15	47	2				12				1	1	547
Totals for Class No. 11:															
Force afloat	64	6,883	1,153	6,701	56	1		5	1,215				50	72	34,910
Stations and yards	23	3,501	579	3,017	22			38	963				24	39	14,523
Hospitals and hospital ships	306	540	2,332	2,350	232	17	2	142		2	1	1	162	269	114,026
Total	393	10,924	4,064	12,068	310	18	2	185	2,178	2	1	1	236	380	163,459
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL).															
Balanitis:															
Force afloat		18		18											102
Stations and yards		10		8					2						14
Hospitals and hospital ships			2	2											28
Total		28	2	28					2						144
Calculus:															
Stations and yards		4	1	3					1			1			47
Hospitals and hospital ships	1		2	1	1							1			180
Total	1	4	3	4	1				1			2			227
Cystitis:															
Force afloat	1	36	4	25	2				13				1		372
Stations and yards		16	2	7				1	10						100
Hospitals and hospital ships	5	12	27	23	5			6				1	5	4	1,158
Total	6	64	33	55	7			7	23			1	6	4	1,630
Diuresis:															
Stations and yards		1		1											6
Enuresis:															
Force afloat		13	2	4				3	7					1	98
Stations and yards		9	3	2				5					4	1	77
Hospitals and hospital ships	2	3	10	1				10					3	1	483
Total	2	25	15	7				18	7				7	3	658
Glandulæ prostatæ hypertrophia:															
Force afloat		2		1					1						5
Stations and yards		1							1						1
Hospitals and hospital ships			2	2											51

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL)—Continued.														
Hæmaturia:														
Force afloat		10	2	8					4						76
Stations and yards		7	1	3					3				2		68
Hospitals and hospital ships	1		9	7									2	1	329
Total	1	17	12	18					7				4	1	473
Hydrocele:														
Force afloat		24	2	14					12						181
Stations and yards		13	1	6					7				1		101
Hospitals and hospital ships		10	20	24	2									4	897
Total		47	23	44	2				19				1	4	1.179
Nephritis acuta:														
Force afloat	1	23		9			1		14						202
Stations and yards		8	3	5				1	2				3		66
Hospitals and hospital ships	1	5	19	7	7		1	3					3	4	934
Total	2	36	22	21	7		2	4	16				6	4	1,202
Nephritis chronica:														
Force afloat		17			1				16						109
Stations and yards	2	18	21	12			2	6	18			1	2		563
Hospitals and hospital ships	5	21	39	17	2		5	18				2	14	7	2,032
Total	7	56	60	29	3		7	24	34			3	16	7	2,704

Nephrolithiasis:															
Force afloat		7	2	5					3					1	35
Stations and yards		3	1	2					1					1	19
Hospitals and hospital ships		2	8	6	2								2		137
Total		12	11	13	2				4				2	2	191
Nephroptosis:															
Force afloat		4		2					2						17
Stations and yards		2							2						2
Hospitals and hospital ships			4	2	1									1	57
Total		6	4	4	1				4					1	76
Paraphimosis:															
Force afloat	1	4		5											56
Stations and yards	1	5		3					3						36
Hospitals and hospital ships	1		3	3	1										137
Total	3	9	3	11	1				3						229
Perinephritis:															
Stations and yards		1		1											12
Phimosis:															
Force afloat	3	160	3	149	2				12				2	1	910
Stations and yards	3	98	6	70	3			2	27				3	2	660
Hospitals and hospital ships	2	8	39	43	2	1							1	2	883
Total	8	266	48	262	7	1		2	39				6	5	2,453
Pyelitis:															
Force afloat		2	1						3						73
Stations and yards	1	4	3	4				1	1				2		107
Hospitals and hospital ships		2	4	4									1	1	338
Total	1	8	8	8				1	4				3	1	518
Urethritis simplex:															
Force afloat		2		2											2
Stations and yards		5		5											18
Total		7		7											20
Urinæ incontinentia:															
Force afloat		2	1						1				2		4
Stations and yards		3	1	1					2				1		223
Hospitals and hospital ships	2	1	4	1	1			5							167
Total	2	6	6	2	1			5	3				3		394

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL)—Continued.															
Urinæ retentio:															
Force afloat		1							1						2
Stations and yards		6		2					4						11
Hospitals and hospital ships		2	5	6	1										203
Total		9	5	8	1				5						216
Urinæ suppressio:															
Force afloat		2	1	1					1				1		10
Stations and yards		1		1											6
Hospitals and hospital ships		1	1	1			1								17
Total		4	2	3			1		1				1		33
Varicocele:															
Force afloat		116	5	52					69						944
Stations and yards		85	7	11				6	70				5		296
Hospitals and hospital ships	14	26	139	160	7								1	11	4,906
Total	14	227	151	223	7			6	139				6	11	6,146
Other diseases of this class:															
Albuminuria—															
Force afloat		2		1					1						6
Hospitals and hospital ships			1	1											41
Total		2	1	2					1						47

Anuria—															
Stations and yards		1							1						4
Hospitals and hospital ships			1		1										1
Total		1	1		1				1						5
Atrophied testicle—															
Force afloat		1							1						1
Hospitals and hospital ships			1	1											18
Total		1	1	1					1						19
Bacteriuria—															
Hospitals and hospital ships		1		1											29
Chyluria—															
Hospitals and hospital ships	1			1											4
Colica, renal—															
Hospitals and hospital ships			1	1											29
Cryptorchidism—															
Force afloat		1							1						2
Hospitals and hospital ships			1	1											52
Total		1	1	1					1						54
Epididymitis (nonvenereal)—															
Force afloat		1		1											14
Stations and yards		1		1											11
Total		2		2											25
Hypospadias—															
Force afloat		1							1						1
Stations and yards		1						1							9
Hospitals and hospital ships			1					1							16
Total		2	1					2	1						26
Lithuria—															
Force afloat		1		1											9
Orchitis (nonvenereal)—															
Force afloat		10	1	9					1				1		76
Stations and yards		12		10					1				1		102
Hospitals and hospital ships		1	2	3											267
Total		23	3	22					2				2		445

TABLE NO. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL)—Continued.															
Other diseases of this class—Continued.															
Priapism—															
Force afloat		1							1						9
Hospitals and hospital ships			1											1	6
Total		1	1						1					1	15
Prostatitis (nonvenereal)—															
Hospitals and hospital ships		1		1											78
Pyonephrosis—															
Hospitals and hospital ships		1		1											44
Uræmia—															
Hospitals and hospital ships			1				1								1
Totals for Class No. 12:															
Force afloat	6	461	24	307	5		1	3	165				7	3	3,316
Stations and yards	7	315	50	158	3		2	23	156			2	24	4	2,559
Hospitals and hospital ships	35	97	347	321	33	1	8	43				4	32	37	13,523
Total	48	873	421	786	41	1	11	69	321			6	63	44	19,398
CLASS NO. 13.—CYSTS AND NEW GROWTHS.															
Adenoma:															
Force afloat		5							5						7
Stations and yards		3		1					1				1		9
Hospitals and hospital ships	1	2	6	5	2								1	1	175
Total	1	10	6	6	2				6				2	1	191

Angeioma:															
Force afloat			1						1						8
Hospitals and hospital ships		1	2										2	1	214
Total		1	3						1				2	1	222
Carcinoma:															
Hospitals and hospital ships	1	1					1							1	22
Chondroma:															
Force afloat		2		1					1						3
Stations and yards		2							2						16
Hospitals and hospital ships		1	3	3										1	269
Total		5	3	4					3					1	288
Cystis:															
Force afloat	1	21	1	20					2					1	99
Stations and yards		8		4					4						25
Hospitals and hospital ships		3	7	7	1			1						1	548
Total	1	32	8	31	1			1	6					2	672
Epithelioma:															
Force afloat		1							1						1
Stations and yards		2							2						4
Hospitals and hospital ships	1	1	3	4										1	483
Total	1	4	3	4					3					1	488
Fibroma:															
Force afloat		7	1	4					4						54
Stations and yards		2	2						4						3
Hospitals and hospital ships			9	1	4								1	3	482
Total		9	12	5	4				8				1	3	539
Lipoma:															
Force afloat		12	1	6	1				6						35
Stations and yards		3		2					1						4
Hospitals and hospital ships		2	7	7									2		146
Total		17	8	15	1				7				2		185
Myxoma:															
Force afloat		1							1						3
Stations and yards		4							4						7
Hospitals and hospital ships			5	5											71
Total		5	5	5					5						81

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 13.—CYSTS AND NEW GROWTHS—Continued.															
Osteoma:															
Force afloat		2							2						2
Stations and yards		3	1						4						6
Hospitals and hospital ships	2	1	6	4	2			1						2	292
Total	2	6	7	4	2			1	6					2	300
Sarcoma:															
Stations and yards		1	1						2						30
Hospitals and hospital ships	1	3	2	2		1	1						2		307
Total	1	4	3	2		1	1		2				2		337
Other diseases of this class:															
Adenoids—															
Stations and yards		1							1						1
Hospitals and hospital ships			1											1	19
Total		1	1						1					1	20
Hæmatoma—															
Force afloat		1		1											8
Neuro-fibroma—															
Force afloat		1		1											1
New Growth—															
Force afloat		1		1											7
Hospitals and hospital ships	1			1											93
Total	1	1		2											100

Steatoma—															
Stations and yards		1		1											1
Totals for class No. 13:															
Force afloat	1	54	4	34	1				23					1	228
Stations and yards		30	4	8					25				1		106
Hospitals and hospital ships	7	15	51	39	9	1	2	2					8	12	3,121
Total	8	99	59	81	10	1	2	2	48				9	13	3,455
CLASS No. 14.—INJURIES.															
Abrasio:															
Force afloat		15		15											108
Stations and yards		13		13											61
Total		28		28											169
Ambustio ex calore:															
Force afloat	8	191	1	166			8		18				3	5	1,590
Stations and yards		32	3	32			2		1						393
Hospitals and hospital ships	2	3	19	16	1		2	1				1	2	1	805
Total	10	226	23	214	1		12	1	19			1	5	6	2,788
Ambustio ex electricitate:															
Force afloat		6		6											16
Ambustio ex frigore:															
Force afloat	1				1										19
Stations and yards		1		1											14
Total	1	1		1	1										33
Ambustio ex venenis:															
Force afloat		16		14					2						195
Stations and yards		4		4											35
Hospitals and hospital ships			2	2											89
Total		20	2	20					2						319
Ambustio ex X-radiore:															
Stations and yards		2							2						7
Hospitals and hospital ships	1		2	1	1									1	172
Total	1	2	2	1	1				2					1	179
Asphyxia:															
Force afloat		13		4			5		4						20
Stations and yards		7		2			4		1						15
Hospitals and hospital ships		1	6	4			1					1	1		85
Total		21	6	10			10		5			1	1		120

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 14.—INJURIES—Continued.															
Asphyxia ex submersione:															
Force afloat		23					23								23
Stations and yards		15		1			14								16
Hospitals and hospital ships		1					1								1
Total		39		1			38								40
Cartilaginis intra-articularis dislocatio:															
Force afloat		8	2	2					8						50
Stations and yards		2	1	1					1				1		11
Hospitals and hospital ships	1	1	9	7				1					3		318
Total	1	11	12	10				1	9				4		379
Concussio:															
Force afloat	1	40	1	30			1		10					1	214
Stations and yards		15	1	13			1		2						57
Hospitals and hospital ships			14	11	1		1							1	372
Total	1	55	16	54	1		3		12					2	643
Contusio:															
Force float	7	537	13	511	6				27				4	9	3,450
Stations and yards	4	175	9	156	1				30					1	994
Hospitals and hospital ships	4	9	60	55	5			1					3	9	1,706
Total	15	721	82	722	12			1	57				7	19	6,150

Deformitas:															
Force afloat		92	9	25	1			3	68					4	604
Stations and yards		117	19	28				54	56				3		874
Hospitals and hospital ships	14	37	136	99	11	1		42					17	17	6,729
Total	14	246	164	147	12	1		99	124				20	21	8,207
Dislocatio:															
Force afloat	2	65	6	54				1	16					2	660
Stations and yards		34	2	28				1	5					2	313
Hospitals and hospital ships	5	6	33	24	5			3					7	5	1,111
Total	7	105	41	106	5			5	21				7	9	2,084
Erythema solare:															
Force float		17		17											59
Stations and yards		2		2											13
Total		19		19											72
Fractura:															
Force afloat	19	406	26	298	1		6		129				9	8	6,132
Stations and yards	2	170	14	94	1		3	2	76				4	6	2,157
Hospitals and hospital ships	31	27	217	166	23		5	16				1	23	41	12,347
Total	52	608	257	558	25		14	18	206			1	36	55	20,636
Hernia:															
Force float	1	199	35	49				1	179			1	4	1	1,123
Stations and yards	2	137	35	45	1			20	104				3	1	1,285
Hospitals and hospital ships	49	27	301	259	21	1		26				10	25	35	13,157
Total	52	363	371	353	22	1		47	283			11	32	37	15,565
Ictus electricus:															
Force afloat		1		1											1
Membri clades:															
Force afloat		14	1	8					3				3	1	282
Stations and yards		3	4	3				2	2						162
Hospitals and hospital ships	3	21	16	13				20					6	1	1,089
Total	3	38	21	24				22	5				9	2	1,533
Musculi ruptio:															
Force afloat		4		3					1						50
Hospitals and hospital ships			2	1										1	36
Total		4	2	4					1					1	86

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 14.—INJURIES—Continued.															
Solis ictus:															
Force afloat		3		3											9
Stations and yards		3	1	2				1					1		15
Total		6	1	5				1					1		24
Stremma:															
Force afloat	6	505	11	485	2				25				1	9	3,136
Stations and yards	3	331	9	281	5				47				4	6	1,919
Hospitals and hospital ships	7	16	74	82	8	1		2				1	1	2	2,450
Total	16	852	94	848	15	1		2	72			1	6	17	7,505
Virium defectio:															
Force afloat		4		2			1		1						16
Stations and yards		1					1								1
Hospitals and hospital ships			1	1											58
Total		5	1	3			2		1						75
Visceris ruptio:															
Force afloat		5					3		2						13
Stations and yards		2					1		1						2
Hospitals and hospital ships		1	2	2			1								87
Total		8	2	2			5		3						102
Vulnus contusum:															
Force afloat	6	130	2	131					4				1	2	864
Stations and yards		37		30					3				2	2	308
Hospitals and hospital ships	1	6	7	10	2	1								1	227
Total	7	173	9	171	2	1			7				3	5	1,399

Vulnus incisum:															
Force afloat	1	127	3	117			2		11					1	811
Stations and yards	1	54	1	43			1		6				5	1	494
Hospitals and hospital ships	1	3	19	14	1	1	1						2	4	650
Total	3	184	23	174	1	1	4		17				7	6	1,955
Vulnus infectum:															
Force afloat	2	282	2	261	1				18				4	2	2,260
Stations and yards	2	88	2	74	1				15				1	1	799
Hospitals and hospital ships	8	10	35	38	5			1					1	8	1,865
Total	12	380	39	373	7			1	33				6	11	4,924
Vulnus laceratum:															
Force afloat	6	456	6	406	3		3		40				4	12	4,499
Stations and yards	3	125	5	103	1			1	24				2	2	1,128
Hospitals and hospital ships	8	8	66	40	14		1	3					7	17	2,920
Total	17	589	77	549	18		4	4	64				13	31	8,547
Vulnus punctum:															
Force afloat		30	1	30	1										205
Stations and yards		24	1	22				1	2						160
Hospitals and hospital ships		1	2	3											18
Total		55	4	55	1			1	2						383
Vulnus sclopeticum:															
Force afloat		22	1	6			8		8				1		97
Stations and yards		34	4	10			9		16				2	1	331
Hospitals and hospital ships	8	1	24	15	3		3	7					3	2	1,817
Total	8	57	29	31	3		20	7	24				6	3	2,245
Other diseases of this class:															
Adhesions, abdominal—															
Force afloat		1							1						12
Hospitals and hospital ships			1					1							28
Total		1	1					1	1						40
Amputation—															
Force afloat		1		1											15
Hospitals and hospital ships		1		1											40
Total		2		2											55
Bubonocele—															
Stations and yards		1		1											1

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 14.—INJURIES—Continued.															
Other diseases of this class—Continued.															
Mammarum hypertrophia idiopathica—															
Force afloat		1							1						12
Hospitals and hospital ships			1	1											16
Total		1	1	1					1						28
Urethræ ruptio—															
Hospitals and hospital ships	1		1				1							1	79
Totals for class No. 14:															
Force afloat	60	3,214	120	2,645	16		60	5	576			1	34	57	26,545
Stations and yards	17	1,429	111	984	10		36	82	394				28	23	11,565
Hospitals and hospital ships	144	180	1,050	865	101	5	17	124				14	101	147	48,272
Total	221	4,823	1,281	4,494	127	5	113	211	970			15	163	227	86,382
CLASS No. 15. EXTRANEOUS BODIES.															
Corpus extraneum:															
Force afloat		40	1	32	1				8						134
Stations and yards		8		4					4						59
Hospitals and hospital ships			12	10										2	178
Total		48	13	46	1				12					2	371
CLASS No. 16.—POISONS.															
Alcoholismus:															
Force afloat	1	127	10	111	4		1		21					1	380
Stations and yards		124	6	94				1	34				1		326
Hospitals and hospital ships	7	16	57	62	6	1	2	4					2	3	783
Total	8	267	73	267	10	1	3	5	55				3	4	1,489

Venenum irritans:															
Force afloat		9		7					2						13
Stations and yards		4	1	3					1				1		11
Hospitals and hospital ships		1	3	4											63
Total		14	4	14					3				1		87
Venenum neuroticum:															
Force afloat		106	3	85			6	1	17						338
Stations and yards		14	2	10			1	1	4						94
Hospitals and hospital ships		4	23	20	2			2					2	1	409
Total		124	28	115	2		7	4	21				2	1	841
Vulnus venenatum:															
Force afloat		7		5					2						21
Stations and yards		6		3					3						42
Hospitals and hospital ships			5	4	1										97
Total		13	5	12	1				5						160
Other diseases of this class:															
Typhoid prophylaxis—															
Force afloat		1	1	1									1		2
Stations and yards		12	1	11					1				1		20
Total		13	2	12					1				2		22
Totals for Class No. 16:															
Force afloat	1	250	14	209	4		7	1	42				1	1	754
Stations and yards		160	10	121			1	2	43				3		493
Hospitals and hospital ships	7	21	88	90	9	1	2	6					4	4	1,328
Total	8	431	112	420	13	1	10	9	85				8	5	2,575
CLASS NO. 17.—FEIGNED DISEASES.															
Achromatopsia:															
Hospitals and hospital ships		1		1											2
Amaurosis:															
Hospitals and hospital ships		1		1											3
Amblyopia:															
Hospitals and hospital ships		1		1											2
Myopia:															
Hospitals and hospital ships		2		2											4
Mental:															
Hospitals and hospital ships			1	1											4

TABLE No. 4.—*Detailed statement of disease and injury for 1911 (Navy nomenclature)*—Continued.

Nomenclature.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
CLASS No. 17.—FEIGNED DISEASES—Continued.															
Myalgia acuta:															
Stations and yards		1		1											2
Totals for class No. 17:															
Stations and yards		1		1											2
Hospitals and hospital ships		5	1	6											15
Total		6	1	7											17
CLASS No. 18.															
No disease (held as suspects):															
Force afloat			1	1											29
Stations and yards		5		1					4						5
Hospitals and hospital ships			5	5											16
Total		5	6	7					4						50
Grand totals for all classes:															
Force afloat	263	20,810	1,990	17,511	209	2	92	44	4,715	1	1	5	236	247	125,867
Stations and yards	120	14,166	1,608	10,204	153	2	57	461	4,714	6	8	8	156	125	83,665
Hospitals and hospital ships	1,073	2,218	10,168	8,968	1,277	48	104	868		91	195	103	838	967	395,531
Total	1,456	37,194	13,766	36,683	1,639	52	253	1,373	9,429	98	204	116	1,230	1,339	605,063

TABLE No. 5.—*Detailed statement of disease and injury for 1911 (International nomenclature.)*[1]

[For comparison, the total amount of disease and injury in the Navy during the year 1911, in terms of official English translation of the International Nomenclature, is given.]

International No.	Official English translation of diseases and cause of death.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
1	Typhoid fever	37	222	204	162	41		15		169			25	23	28	14,024
4	Malaria	15	725	325	900	21	1			128			1	7	7	7,045
4A	Malarial cachexia		9	9	14				1	2				1		196
5	Smallpox		2	1	2					1						58
6	Measles	1	461	289	419	43				281				8		8,702
7	Scarlet fever	1	14	9	11	3				8					2	391
9	Diphtheria	4	36	19	25	9		3		18				1	3	1,151
10	Influenza	17	1,433	108	1,401	67				66				2	22	7,388
14	Dysentery	8	97	65	103	6	1			42			1	10	7	3,329
16	Yellow fever		1					1								1
18	Erysipelas		15	6	11	3				4				2	1	233
19	Other epidemic diseases	118	2,141	1,049	2,194	55	1		1	987				21	49	30,144
20	Purulent infection and septicæmia	13	389	44	376	8		5	2	37				6	12	5,275
28	Tuberculosis of the lungs	34	282	274	45	35		11	37	191		194	1	62	14	10,854
29	Acute miliary tuberculosis		6	3	1	1		3		2		1		1		79
34	Tuberculosis of other organs	2	19	15	6	2	2	1	4	11		2		6	2	1,142
37	Syphilis	154	1,665	1,957	2,255	78	5	2	82	1,099	2	1	1	102	149	66,210
38A	Soft chancre	80	2,577	525	2,581	116	3			358				42	82	32,439
38B	Gonococcus infection	159	6,634	1,567	7,185	114	10		103	709				89	150	64,263
44	Cancer and other malignant tumors of the skin	1	4	3	4					3					1	488
45	Cancer and other malignant tumors of other organs and of organs not specified	2	5	3	2		1	2		2				2	1	359
46	Other tumors	3	84	46	71	8			1	37				7	9	2,308
47	Acute articular rheumatism	19	314	230	325	30			12	152			2	24	18	10,391
48	Chronic rheumatism and gout	15	148	124	146	16			21	81			1	12	10	5,965
50	Diabetes	4	10	21	9	2		2	4	13			2	3		749
53	Leuchæmia	2				1		1								377
54	Anæmia, chlorosis	3	25	14	21			2	1	7			2	6	3	1,333
55	Other general diseases	2	46	12	39	1		1	8	7			2	1	1	860
56	Alcoholism	8	267	73	267	10	1	3	5	55				3	4	1,439
59	Other chronic poisonings		122	28	115	2		5	4	21				2	1	839

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[1] This table does not include the Naval Sanatorium for Tuberculosis at Las Animas, Colo., and hospitals for the insane.

TABLE No. 5.—*Detailed statement of disease and injury for 1911 (International nomenclature)*—Continued.

International No.	Official English translation of diseases and cause of death.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
60	Encephalitis		2	1				1	1	1						181
61	Simple meningitis	2	7	6	3	3			1	5				2	1	519
61A	Cerebro-spinal fever		12	11	6	2		3	1	9			1		1	522
62	Locomotor ataxia	3	4	3	4	1			3	1				1		290
63	Other diseases of the spinal cord	2	6	3	1	1			4	2				2	1	756
64	Cerebral hemorrhage, apoplexia	1	2	2	1			1		1				1	1	200
66	Paralysis without specified cause	5	28	27	20	1			10	19				7	3	2,322
68	Other forms of mental alienation	14	185	165	33	18		2	50	111	95		4	38	13	5,705
69	Epilepsy	8	87	83	40	3	2		64	51				17	1	2,609
72	Chorea		2	1	2										1	19
73A	Hysteria		20	18	11	3			8	10				5	1	741
73B	Neuralgia and neuritis	6	161	95	154	14	1		12	58			3	15	5	4,770
74	Other diseases of the nervous system	19	361	203	305	31	1		48	121	1		19	44	13	8,058
75B	Trachoma	2	13	7	4	1			10	5				2		337
75C	Other diseases of the eyes and their annexa	22	785	396	706	49	3		86	277			4	39	39	15,284
76	Diseases of the ears	23	504	306	413	31	2	1	86	218			2	46	34	14,049
77	Pericarditis		2	2						2				1	1	137
78	Acute endocarditis	2	11	6	9			3		3				1	3	540
79	Organic diseases of the heart	6	136	75	48	5	1	5	88	46			1	17	6	3,475
80	Angina pectoris	1	9	9	5	3		2	2	6				1		213
81	Diseases of the arteries	1	8	3	5			5		2						93
82	Embolism and thrombosis		2		1			1								52
83	Diseases of the veins	44	622	450	613	34	1		12	404				21	31	16,251
84	Diseases of the lymphatic system	7	245	124	234	17			4	86				14	21	6,625
85	Hemorrhage; other diseases of the circulatory system	4	58	39	43	6			17	26				2	7	1,972
86	Diseases of the nasal fossæ	10	178	65	160	11	1	1	16	50				6	8	3,349
87	Diseases of the larynx	4	85	33	83	5			2	26				3	3	1,078
88	Diseases of the thyroid body		22	22	11	1			10	15				3	4	776
89	Acute bronchitis	20	864	126	848	51			2	94		1		5	9	6,814
90	Chronic bronchitis	14	153	144	109	43			21	101		2	3	14	18	5,330
91	Bronchopneumonia		32	16	18	4		6		13			2	2	3	876
92	Pneumonia	24	163	107	128	35		9		100		1	2	8	11	5,401
93	Pleurisy	11	172	78	127	21	1	4	10	62				10	26	5,176
96	Asthma	1	22	19	19	2			6	11			1	3		558
97	Pulmonary emphysema		2	1	2					1						36

98	Other diseases of the respiratory system		14	11	5	8		1		11						432
99A	Diseases of the teeth and gums		48	16	44	4			3	12				1		536
99B	Other diseases of the mouth and annexa		10	1	10					1						60
100	Diseases of the pharynx	33	2,956	367	2,973	61	1		1	272				10	38	17,541
102	Ulcer of the stomach	3	15	12	15	3		1		6				1	4	855
103	Other diseases of the stomach (cancer excepted)	12	346	114	336	23		2	5	74			1	21	10	4,399
105	Diarrhea and enteritis	2	809	116	793	25		1	1	92			2	7	6	4,150
106	Ankylostomiasis	1	111	4	110	2				4						527
107	Intestinal parasites		56	8	57	1				5					1	306
108	Appendicitis	44	491	406	491	36		10	10	313			7	37	37	16,326
109	Hernias, intestinal obstructions	53	371	377	358	24	1	2	47	286			12	34	37	15,922
110A	Diseases of the anus and fecal fistulas	4	58	56	57	7			2	42		1		5	4	2,743
110B	Other diseases of the intestines	2	184	19	174	5			5	15				5	1	895
111	Acute yellow atrophy of the liver		7		7											39
113	Cirrhosis of the liver		3	3	2	1		1		2						177
114	Biliary calculi	2	14	19	13	6				11				3	2	470
115	Other diseases of the liver	8	156	61	151	12		1	3	48				7	3	3,221
116	Diseases of the spleen	1			1											115
117	Simple peritonitis		3	1				2		1					1	32
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	1	12	7	13					3			1	2	1	387
119	Acute nephritis	2	36	22	21	7		2	4	16				6	4	1,202
120	Bright's disease	7	60	62	32	3		8	24	35			3	17	7	2,737
122	Other diseases of the kidneys and annexa	2	35	25	34	1			1	16				7	3	1,142
123	Calculi of the urinary passages	1	16	14	17	3				5			2	2	2	418
124	Diseases of the bladder	10	104	59	72	9			30	38			1	16	7	2,898
125	Diseases of the urethra		7		7											20
126	Diseases of the prostate		3	2	3					2						57
127	Nonvenereal diseases of the male genital organs	4	121	39	117	4		1	2	32				3	5	2,382
142	Gangrene	1	4	1	3	1		1		1						224
143	Furuncle	4	386	48	403	3				27					5	2,817
144	Acute abscess	37	1,055	205	1,056	36	2	3	2	147			1	26	25	13,962
145A	Trichophytosis	3	177	34	189	1			1	19					4	1,986
145B	Scabies	16	416	195	423	15	1			167				3	18	7,060
145C	Other diseases of the skin and annexa	23	680	213	666	43			7	149			1	22	28	12,090
146	Diseases of the bones (tuberculosis excepted)	9	73	55	60	10			5	39		1		10	12	3,534
147	Diseases of the joints (tuberculosis and rheumatism excepted)	12	240	131	231	14	2		22	79				20	15	6,419
149	Other diseases of the organs of locomotion	30	570	276	439	28	2		159	172			1	47	28	11,785
150	Congential malformations	8	266	48	262	7	1		2	39				6	5	2,453
155	Suicide by poison		2					2								2
157	Suicide by hanging and strangulation		2					2								2
158	Suicide by drowning		2					2								2
159	Suicide by firearms		15					15								15
160	Suicide by cutting or piercing instruments		1					1								1
165A	Venomous bites and stings		13	5	12	1				5						160
165B	Other acute poisonings		27	6	28					4				3		109
167	Burns (conflagration excepted)	11	248	27	235	2		12	1	23			1	5	7	3,286

TABLE No. 5.—*Detailed statement of disease and injury for 1911 (International nomenclature)*—Continued.

International No.	Official English translation of diseases and cause of death.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed	Deserted.	Died.	Invalided from service.	Naval Hospital.	Hospital for the Insane.	Naval Hospital for Tuberculosis.	Sick leave.	Transferred.		
168	Absorption of deleterious gases (conflagration excepted)		19	6	10			8		5			1	1		118
169	Accidental drowning		37		1			36								38
170	Traumatism by firearms	8	42	29	31	3		5	7	24				6	3	2,230
171	Traumatism by cutting or piercing instruments	3	239	27	229	2	1	4	1	19				7	6	2,338
177A	Overexertion		5	1	3			2		1						75
178	Excessive cold	1	3	5	4	1			1	1				2		92
179	Effects of heat		107	10	105	1		1	1	7				2		495
181	Electricity (lightning excepted)		7		7											17
185A	Dislocations	8	116	53	116	5			6	30				11	9	2,463
185B	Sprains	16	852	94	848	15	1		2	72			1	6	17	7,505
185C	Fractures (cause not specified)	52	603	257	558	25		14	18	205			1	36	55	20,636
186	Other external violence	58	1,914	389	1,751	46	2	12	127	287				54	82	27,409
189A	Disease not specified or ill-defined	6	303	160	240	67			13	137				6	6	2,584
189B	No disease (feigned disease)		6	1	7											17
	Total	1,456	37,194	13,766	36,683	1,639	52	253	1,373	9,429	98	204	116	1,230	1,339	605,063

Table No. 6.—*Table showing common infectious and contagious diseases, the character and number of admissions duringt he calendar year 1911.*

FORCE AFLOAT.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubeola.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Albany	....	....	....	2	....	9	....	....	....	1	....	18	22	30	5
Albatross	1	....	....	....	....	....	....	....	....	....	....	2	....	5	2
Alliance	1	....	....	....	....	8	....	....	....	....	....	2	....	....	....
Ammen	....	....	....	....	....	....	....	....	....	....	....	1	2	5	1
Amphitrite	....	....	....	....	1	18	....	....	....	....	....	2	1	1	1
Annapolis	....	....	....	....	....	....	....	....	....	....	....	....	1	7	....
Baltimore	....	....	....	....	1	2	....	....	....	2	....	1	9	11	4
Birmingham	....	....	....	2	1	1	....	7	1	....	....	20	10	7	6
Buffalo	3	....	....	....	....	....	4	7	....	....	....	5	1	34	3
Burrows	....	....	....	....	....	....	1	....	....	....	....	....	1	14	....
California	65	....	....	1	....	2	6	2	2	2	....	111	17	83	20
Callao	....	....	....	1	....	2	....	....	....	1	....	1	5	2	4
Castine	3	....	....	3	....	1	2	2	....	1	....	11	6	36	6
Celtic	....	....	....	1	2	....	....	....	....	1	....	2	4	24	7
Chester	1	....	....	....	2	4	....	2	....	....	....	10	16	30	5
Chicago	2	....	....	....	....	....	....	....	....	....	....	2	....	8	....
Cincinnati	....	....	....	....	....	....	....	....	....	....	....	4	4	15	3
Colorado	18	....	....	1	....	....	18	3	....	1	....	19	29	87	7
Connecticut	....	1	....	2	7	1	2	5	....	3	....	48	24	81	18
Culgoa	5	....	....	....	....	....	....	....	....	3	....	12	4	14	4
Delaware	52	1	....	2	4	7	10	8	....	4	....	97	58	103	23
Des Moines	19	....	....	....	1	3	1	12	....	2	....	41	6	38	7
Dixie	6	....	....	....	1	1	....	....	....	1	....	14	2	21	12
Dolphin	5	....	....	1	....	3	....	2	....	....	....	6	4	33	3
Drayton	1	....	....	....	....	....	....	....	....	1	....	4	1	13	1
Dubuque	....	....	....	....	1	....	1	....	....	....	....	8	13	....	3
Eagle	....	....	....	....	....	1	....	....	....	....	....	2	2	7	3
Elcano	....	....	....	....	1	1	....	....	....	....	....	2	4	12	3
Fish Hawk	....	....	....	....	....	....	....	....	....	....	....	3	2	5	1
Florida	7	....	....	1	....	1	....	....	....	....	....	18	17	46	2
Flusser	....	....	....	....	1	....	....	....	....	....	....	1	2	12	3
Franklin	1	....	....	4	55	5	111	117	....	12	....	18	85	341	51
Georgia	10	....	....	2	....	5	13	4	....	1	....	79	16	56	12
Glacier	2	....	....	....	....	....	4	....	....	....	....	11	3	19	1
Hancock	2	....	....	4	2	2	....	2	....	2	....	15	22	116	27
Helena	1	....	....	....	....	2	....	....	1	2	....	2	13	14	7
Hist	2	....	....	....	1	....	....	....	....	....	....	1	7	3	....
Idaho	5	....	....	4	3	2	1	....	....	2	....	10	36	102	24
Independence	9	1	....	2	....	3	7	....	....	1	....	14	9	55	18
Indiana	25	1	....	3	2	....	1	....	1	1	....	57	19	53	21
Iowa	25	....	....	2	1	2	1	12	....	3	....	42	20	64	22
Iris	3	....	....	....	....	....	....	1	....	3	....	6	11	38	8
Kansas	17	....	....	3	1	....	15	4	....	2	....	21	14	72	28
Lamson	....	....	....	....	....	....	....	....	....	1	....	....	6	12	1
Lancaster	23	....	....	4	....	11	12	1	....	4	....	74	25	181	32
Lebanon	....	....	....	....	....	1	....	....	....	....	....	....	4	10	....
Louisiana	3	....	....	2	5	17	21	9	....	3	....	72	53	73	28
Maine	2	....	....	....	....	....	4	11	....	....	....	30	7	44	7
Marietta	1	....	....	1	1	20	1	....	....	....	....	10	8	7	4
Maryland	4	....	....	2	....	....	1	6	....	3	....	15	9	40	13
Massachusetts	11	....	....	1	1	....	6	....	....	2	....	28	17	58	20
Mayflower	3	....	....	....	1	3	....	....	....	1	....	6	2	9	6
Mayrant	....	....	....	....	....	....	....	....	....	....	....	....	1	4	1
McCall	....	....	....	....	....	1	....	....	....	....	....	3	1	15	3
Michigan	45	....	....	....	1	2	2	12	....	2	....	55	10	46	33
Mindoro	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
Minnesota	2	....	....	1	7	4	....	....	....	6	....	53	24	111	34
Mississippi	28	....	....	2	3	4	....	....	....	4	....	25	20	62	24
Missouri	5	....	....	4	....	1	2	19	....	1	....	38	34	92	16
Mohican	....	....	....	....	....	....	....	....	....	1	....	....	16	15	5
Monadnock	....	....	....	....	....	....	....	....	....	....	....	1	9	11	2
Monaghan	....	....	....	....	1	....	....	....	....	....	....	1	3	5	2
Montana	3	1	....	2	3	....	....	37	....	....	....	23	11	45	7
Monterey	....	....	....	....	....	....	....	1	....	1	....	1	9	28	4
Montgomery	5	2	....	1	3	....	....	....	1	....	....	11	3	6	1
Nashville	1	....	....	....	1	....	....	....	....	....	....	9	2	11	1
Nebraska	47	....	....	1	4	2	8	....	....	17	....	57	23	96	45
New Hampshire	3	....	....	....	5	12	10	5	2	3	....	23	21	74	27
New Jersey	11	....	....	1	....	2	6	5	....	....	....	66	19	86	18
New Orleans	2	....	....	....	....	1	1	....	....	1	....	5	17	50	12
North Carolina	3	....	....	1	4	2	1	....	....	2	....	14	22	30	18
North Dakota	....	....	....	....	3	3	5	4	....	4	....	25	15	62	13

TABLE No. 6.—*Table showing common infectious and contagious diseases, the chara*
number of admissions during the calendar year 1911—Continued.

FORCE AFLOAT—Continued.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.
Ohio	1	2		2	1	3		2		2		23	13
Paducah	2			1		1	1			2		10	4
Pampanga												1	4
Panther						1		1		1		11	5
Paragua						1							
Patterson													
Paulding													2
Pennsylvania	1			8	1					1		3	13
Perkins										1			7
Petrel	6							3		1		10	17
Philadelphia	5			1		1		12		2		4	2
Piscataqua								1					2
Pompey						1				2			24
Prairie						3				2		12	5
Preston						1				1		4	8
Princeton						2						6	4
Quiros						5							14
Rainbow	1									1		2	25
Reid					2	1						4	8
Rhode Island	3	1		1	3	2	2	7		3		44	25
Roe	1						1			1		4	5
Salem	1					3						27	8
Samar						3				1		1	4
San Francisco												1	3
Saratoga						7	1			2		20	79
Scorpion	1	1			1							5	6
Smith													2
South Carolina	45			1	3	1	1	4		5		47	33
South Dakota	14			3		1	12	1		3		28	10
Southery	2	1		3		1	1	1		7		1	3
Sterett													9
Supply						2						4	11
Tacoma						42				1		4	7
Tallahassee												5	4
Tennessee	5			1	1	1		10		4		6	21
Terry							1						
Texas				1									2
Torpedo fleet:													
Asiatic										1		4	38
Atlantic reserve	1			1	2	13	2			2		6	15
Pacific	2	3				1	1	3		4		19	13
Trippe	1											5	3
Utah				2	3	4						41	10
Vermont	3									3		56	13
Vicksburg	2					1						10	13
Villalobos	1											2	10
Virginia	10	1	1	2	2	1	1	13		14		29	7
Wabash	8					1	3	6				12	12
Walke												3	3
Warrington							3					1	3
Washington	8			3		5	6	4		3		33	18
West Virginia	42			4	5	3	4	11	1	1		66	11
Wheeling	2	1				7		3				3	7
Wilmington												1	20
Wisconsin	10					1	12	1		1		35	7
Wolverine	5				1								
Wompatuck						2							
Yankton										1		1	2
Yorktown	1					13				2		2	16

STATIONS AND YARDS.

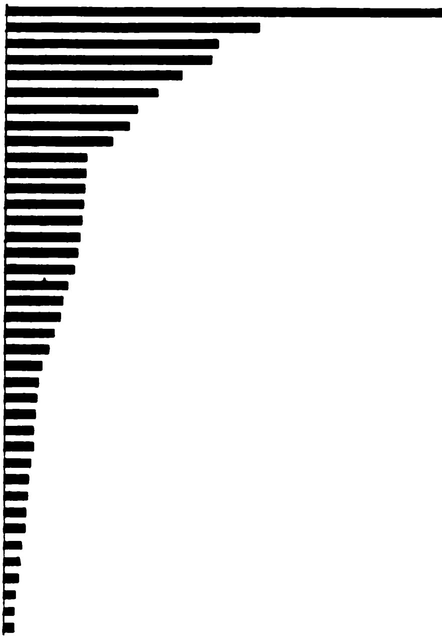
Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.
Annapolis Md. (academy)	235			3		12	3	10		2		111	26
Boston, Mass. (yard)	23			3		10		2				72	9
Cavite, P. I. (station)					3	29		1		1		3	44
Charleston, S. C. (yard)	1			1	3	7	1			1		5	24
Chicago, Ill. (station)			2	3	2	1		93		1		16	2
Culebra, P. R. (station)						13							1
Dover, N. J. (magazine)	1												
Guantanamo, Cuba (station)					3	2	1					5	4

TABLE No. 6.—*Table showing common infectious and contagious diseases, the character, and number of admissions during the calendar year 1911*—Continued.

STATIONS AND YARDS—Continued.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Guantanamo, Cuba (Camp Meyer)					6	2	9	2		3		12	6	30	9
Hawaii, Hawaii (station)	1						2	2				12		24	11
Hingham, Mass. (magazine)													1	5	1
Indian Head, Md. (proving ground)	1					2							1	3	2
Iona Island, N. Y. (magazine)															1
Key West, Fla. (station)					2	1		1			1	1	3	1	1
Mare Island, Cal. (yard)	13					1	4	2		1		6	6	50	17
New London, Conn. (station)													3	2	3
New Orleans, La. (station)							1	1				7	2	12	2
Newport, R. I.:															
Torpedo station	5			1		1	1	3				13	5	6	9
Training station	23	1	6	16	4	8	129	117		3		65	17	131	25
New York, N. Y.:															
Special duty					1					1		1			
Yard	10					2		1	3	3		25	6	34	15
Norfolk, Va. (yard)	8					2	4	11				5	20	51	13
Olongapo, P. I. (station)						44						13	52	45	18
Panama Isthmian Canal Zone (Camp Elliott)	29				1	127						11	15	18	3
Peking, China (legation guard)	2				1	1	2			2		2	22	15	4
Pensacola, Fla. (yard)													1	3	1
Philadelphia, Pa.:															
Special duty	9					1				2		3		1	2
Yard	33	5		2	2	32	6	1		3		52	24	85	21
Port Royal, S. C. (station)	4					2				2	1	6	11	53	3
Portsmouth, N. H.:															
Prison	1			2		3				1		13	5	16	5
Yard	8				2	3	1	1		1		1	2	15	3
Puget Sound, Wash. (yard)	5						2	10				6	4	35	4
San Diego, Cal. (Camp Thomas)							3			1		2	1	11	1
San Francisco, Cal.:															
Special duty					1										
Training station	286	1		10	1	3	73	209				181	15	148	13
San Juan, P. R. (station)												1	10	10	2
Shanghai, China (marine expedition)	2			1									26	22	1
Tutuila, Samoa (station)										1		1		3	
Washington, D. C.:															
Dispensary	24			2		1				1		10	1		
Marine Barracks	7	1				21	2	2				14	2	20	3
Yard					2	29						16	12	26	15
Winthrop, Md. (Marine Corps rifle range)						8	1						2	6	

TABLE No. 7.—*Prevalence of certain special diseases and injuries in the Navy an*
Corps during the year 1911.[1]

Disease or injury.	No.	Relation by scale.
Gonorrhea	5,658	
Tonsillitis	2,767	
Wounds	2,314	
Skin diseases	2,252	
Chancroid	1,929	
Syphilis	1,665	
Epidemic catarrh	1,438	
Pleurisy	1,344	
Bronchial affections	1,172	
Adenitis and lymphadenitis	895	
Mumps	887	
Sprains	852	
Rheumatic affections	849	
Dengue	832	
Mental and nervous diseases	812	
Eye affections	798	
Malaria	736	
Epididymitis and orchitis	674	
Measles	631	
Fractures	603	
Diarrheal affections	534	
Appendicitis	491	
Scabies	416	
Hernia	363	
Ear affections (middle ear)	345	
Hemorrhoids	329	
Gastric catarrh	317	
Tuberculosis	307	
Heart affections	292	
Alcoholism	267	
Burns	255	
Varicocele	227	
Typhoid fever	222	
Flat feet	196	
Liver affections	173	
Pneumonia	163	
Neurasthenia	121	
Dysenteric affections	107	
Heat affections	107	

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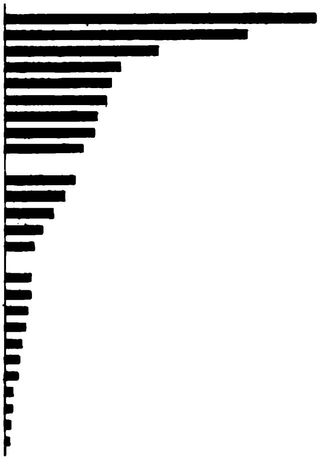
[1] This table does not include the Naval Sanatorium for Tuberculosis at Las Animas, Colo.,
pitals for the insane.

TABLE No. 8.—*Table showing relative increase and decrease of disease and injuries in Navy and Marine Corps for the year 1911.*

Disabilities.[1]	Number.		Ratio per 1,000.		Decrease.		Increase.	
	1910	1911	1910	1911	Number.	Rate.	Number.	Rate.
Number in service June 30, 1911[2]	58,691	61,399					2,708	
Alcoholism	333	270	5.67	4.39	63	1.28		
Appendicitis and peritonitis	409	540	6.96	8.79			131	1.83
Contagious diseases	7,250	6,456	123.52	105.14	794	18.38		
Digestive organs, general diseases of	1,968	1,879	33.87	30.60	109	3.27		
Dysenteric affections	196	120	3.33	1.95	76	1.38		
Ear affections	574	547	9.77	8.90	27	.87		
Eye affections	794	845	13.52	13.76			51	.24
Genito-urinary (nonvenereal)	896	946	15.26	15.40			50	.34
Heart affections	284	233	4.83	3.79	51	1.04		
Heat affections	127	90	2.16	1.46	37	.70		
Injuries	5,262	5,004	89.65	81.49	258	8.16		
Malaria (all forms)	691	743	11.77	12.10			52	.33
Mental diseases	186	214	3.16	3.48			28	.32
Neurasthenia	120	138	2.04	2.24			18	.20
Respiratory diseases (except pneumonia and tuberculosis)	1,428	1,379	24.33	22.45	49	1.88		
Rheumatic affections	1,025	906	17.46	14.75	119	2.71		
Skin diseases	2,353	2,407	40.09	39.20		.89	54	
Suicide	10	22	.17	.35			12	.18
Tuberculosis	349	350	5.94	5.70		.24	1	
Typhoid fever	221	258	3.76	4.20			37	.44
Venereal diseases	11,469	11,271	195.41	183.56	198	11.85		
Totals for above causes	35,965	34,618	612.78	563.82	1,347	48.96		
Totals for all other causes	2,920	4,032	49.75	65.66			1,112	15.91
Totals for all causes	38,885	38,650	662.53	629.48	235	33.05		
Died	294	253	5.00	4.12	41	.88		
Invalided from service	1,418	[4] 1,675	24.15	27.28			257	3.13
Total sick days[3]	629,247	670,795	10,721.81	10,925.17			41,548	203.36
Average number of days per individual	10.72	10.92	.18	.17		.01	.20	

[1] Does not include those under treatment at Naval Sanatorium for Tuberculosis at Las Animas, Colo., and in hospitals for the insane.
[2] Includes the entire service.
[3] Including entire service.
[4] Includes those sent to Naval Sanatorium for Tuberculosis at Las Animas, Colo., and hospitals for the insane.

TABLE No. 9.—*Retirements and discharges from the Navy and Marine Corps for physical disability during 1911.*

Cause of disability.	No.	Relation by scale.
Mental diseases	[1] 343	
Tuberculosis	[2] 265	
Flat feet	168	
Heart affections	124	
Deformities	118	
Eye affections	113	
Ear affections	104	
Gonorrheal affections	101	
Syphilitic affections	87	
Genito-urinary diseases (nonvenereal)	78	
Nervous diseases	65	
Hernia	53	
Respiratory affections	42	
Rheumatic affections	32	
Organs of locomotion, diseases of	29	
Injuries	29	
Digestive diseases	26	
Nutritive disorders	23	
Skin diseases	18	
Nasal affections	16	
Lymphadenitis	12	
Appendicitis	6	
Alcoholism	6	
Drug habit	4	
Wounds	3	

[1] Includes 86 cases invalided to the Government Hospital for the Insane.
[2] Includes 208 cases invalided to the Naval Sanatorium for Tuberculosis at Las Animas, Colo.

TABLE No. 10.—*Mortuary record for the Navy and Marine Corps for the year 19*

Cause.	Number of cases.		
	Force afloat.	Stations and yards.	Hospitals and hospital ships.
Abscessus (liver)	1		2
Alcoholismus	1		2
Ambustio ex calore (burns)	8	2	2
Anæmia perniciosa			1
Anæmia simplex			1
Aneurysma	1	1	2
Angina pectoris		2	
Apoplexia	1		
Appendicitis	4	1	5
Arteriosclerosis			1
Asphyxia (5 gas, 1 anæsthetic, 3 hanging, 1 suffocation)	5	4	1
Asphyxia ex submersione (drowning)	23	14	1
Bronchopneumonitis	1		5
Carcinoma			1
Catarrhus gastricus chronicus			1
Catarrhus intestinalis acutus	1		
Concussio	1	1	1
Cordis dilatatio		1	1
Cordis valvularum morbus	1		2
Dementia			[1] 6
Diabetes mellitus	1		1
Diphtheria	2		1
Encephalitis			1
Endocarditis			1
Febris cerebrospinalis			3
Febris flava	1		
Febris pneumonica	2	1	6
Febris typhoides	1	2	12
Fractura (10 skull, 4 spinal)	6	3	5
Gangræna			1
Gastrectasis	1		
Hemoptysis	1		
Hepatitis chronica			1
Hepatitis suppurativa	1		
Leucocythæmia			1
Myocarditis		2	
Nephritis acuta	1		1
Nephritis chronica		2	5
Obstructio intestinalis	1		1
Otitis media			1
Peritonitis			2
Pleuritis chronica			1
Pleuritis purulenta			3
Prostratio thermica		1	
Pyæmia			2
Sarcoma			1
Speticæmia		2	1
Sinusitis (frontal)			1
Syphilis (cerebral)			2
Thrombosis (heart)		1	
Tuberculosis miliaris acuta			3
Tuberculosis pneumonica	2	4	[2] 29
Tuberculosis of other parts (kidney)			1
Ulcus gastricum			1
Uræmia			1
Urethræ ruptio			1
Urinæ suppressio			1
Venenum neuroticum (poisons)	6	1	
Vincent's angina	1		
Virium defectio (exhaustion)	1	1	
Visceris ruptio (2 heart, 1 liver, 2 spleen)	3	1	1
Vulnus incisum (1 throat, 3 multiple)	2	1	1
Vulnus laceratum (multiple, railroad)	3		1
Vulnus sclopeticum (gunshot)	8	9	3
Total	92	57	132

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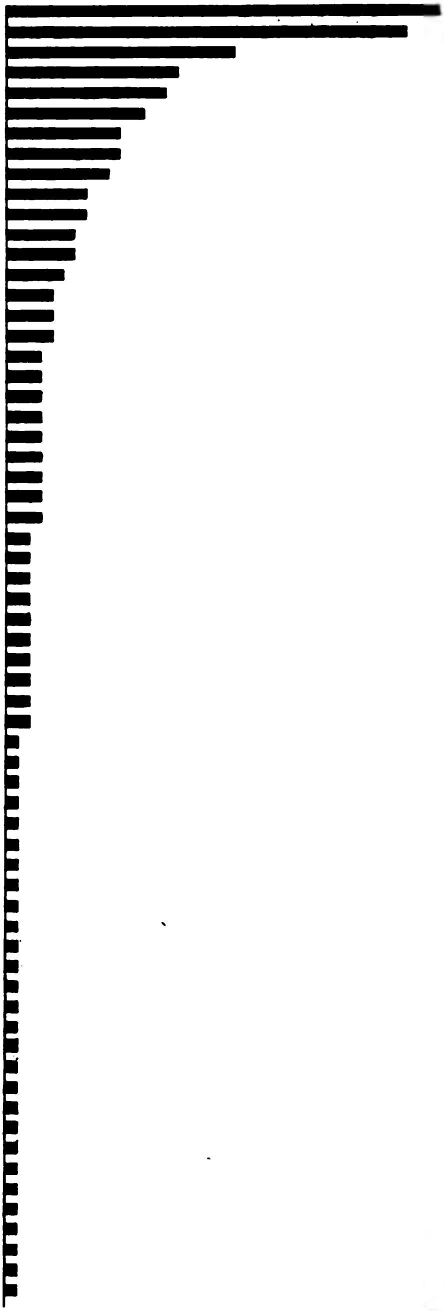
[1] Dementia, 4 cases, Government Hospital for the Insane.
[2] Tuberculosis, 24 cases, Naval Sanatorium, Las Animas, Colo.

TABLE No. 11.—*Deaths, Navy and Marine Corps, 1911.*

Cause.	No.	Relation by scale.
ia ex submersione	38	
losis pneumonica	[1]35	
sclopeticum	20	
yphoides	15	
(skull 10, spinal 4)	14	
io ex calore	12	
icitis	10	
ia (hanging and gas)	10	
neumonica	9	
is chronica	7	
m neroticum	7	
pneumonitis	6	
ia	[2]6	
ruptio (1 heart)	5	
ma	4	
incisum	4	
laceratum	4	
s (liver)	3	
smus	3	
io	3	
alvularum morbus.	3	
ria	3	
erebro-spinalis	3	
purulenta	3	
nia	3	
losis miliaris acuta	3	
pectoris	2	
latatio	2	
mellitus	2	
litis	2	
s acuta	2	
io intestinalis	2	
tis	2	
	2	
(cerebral)	2	
defectio (exhaustion)	2	
perniciosa	1	
simplex	1	
ia	1	
clerosis	1	
na	1	
s gastricus chronicus	1	
s intestinalis acutus	1	
litis	1	
ditis	1	
ava	1	
a	1	
asis	1	
ysis	1	
s chronica	1	
s suppurativa	1	
thæmia	1	
dia	1	
chronica	1	
o thermica	1	
	1	
(frontal)	1	
sis (heart)	1	
losis of other parts	1	
stricum	1	
	1	
ruptio	1	
ppressio	1	
s angina	1	



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[1] Tuberculosis, 24 cases, Naval Sanatorium, Las Animas, Colo.
[2] Dementia, 4 cases. Government Hospital for the Insane.

TABLE No. 12.—*Table to show distribution of disease among occupational groups of the personnel for 1911, by admissions, admission rates, sick days, and computed damage.*

Classes (and rate per 1,000 of personnel in each occupation).	Officers.		Artificers.				Miscellaneous force.						Seaman branch.			Totals, by classes.				
	Navy and Marine.	Midshipmen (undergraduate).	Electricians.	Engine-room.	Fireroom.	All others.	Clerical.	Culinary.	Hospital.	Marines.	Musicians.	Prisoners.	Apprentice seamen.	Ordnance.	All others.	Number.	Deaths.	Invalided from service.	Sick days.	Total damage.[1]
Number in service June 30, 1911	3,855	768	1,752	3,012	10,523	1,465	1,155	3,324	1,012	9,401	890	791	2,910	1,717	18,824	61,399	......	......	......	......
ADMISSIONS.[2]																				
Alcoholism	6	2	3	27	51	14	11	9	6	81	3	1	1	3	52	270	3	5	1,439	7.61
Rate	1.55	2.60	1.71	8.96	4.84	9.54	9.52	2.70	5.92	8.61	3.36	1.26	.34	1.74	2.76	4.39	.04	.08	......	......
Appendicitis and peritonitis	35	21	8	20	99	15	9	19	32	82	4	7	15	13	161	540	12	10	16,358	55.50
Rate	9.07	27.34	4.56	6.64	9.48	10.23	7.79	5.71	31.62	8.72	4.49	8.84	5.15	7.57	8.55	8.79	.19	.16	......	......
Contagious diseases	259	287	82	143	976	90	83	168	115	764	71	43	1,430	101	1,844	6,456	15	2	68,686	196.10
Rate	67.18	373.69	46.80	47.47	92.74	61.43	71.86	50.54	113.63	81.27	79.77	54.36	491.40	58.82	97.96	105.14	.24	.03	......	......
Digestive organs, general diseases of	171	362	47	74	265	42	29	74	38	299	23	21	46	26	362	1,879	8	15	22,084	71.22
Rate	44.35	471.35	26.82	24.56	25.18	28.66	25.10	22.26	37.54	31.80	25.84	26.54	15.80	15.14	19.23	30.60	.13	.24	......	......
Dysenteric affections	16	......	1	7	13	......	2	4	7	42	......	......	3	4	21	120	......	......	3,400	9.27
Rate	4.15	......	.57	2.31	1.23	......	1.73	1.20	6.91	4.46	......	......	1.03	2.32	1.11	1.95	......	......	......	......
Ear affections	34	13	11	23	91	5	8	7	2	109	10	4	70	7	153	547	1	88	14,857	84.73
Rate	8.81	16.92	6.27	7.63	8.64	3.41	6.92	2.10	1.97	11.59	11.23	5.05	24.06	4.07	8.12	8.90	.01	1.43	......	......
Eye affections	39	183	16	36	113	19	20	26	19	128	7	1	41	22	175	845	......	96	15,621	90.25
Rate	10.11	238.28	9.12	11.95	10.73	12.95	17.31	7.82	18.77	13.61	7.86	1.26	14.08	12.81	9.29	13.76	......	1.56	......	......
Genito-urinary (nonvenereal)	44	17	33	43	184	25	18	42	20	180	4	5	68	20	243	946	11	69	19,398	92.71
Rate	11.41	22.13	18.83	14.27	17.48	17.06	15.58	12.63	19.66	19.14	4.49	6.32	23.36	11.64	12.90	15.40	.17	1.12	......	......
Heart affections	21	......	2	7	37	4	3	6	4	54	4	2	31	6	52	233	11	106	6,386	74.90
Rate	5.44	......	1.14	2.31	3.51	2.73	2.59	1.80	3.95	5.74	4.49	2.52	10.65	3.49	2.76	3.79	.17	1.72	......	......
Heat affections	5	......	3	10	39	4	......	3	1	5	......	1	......	1	18	90	1	1	428	.62
Rate	1.29	......	1.71	3.32	3.70	2.73	......	.90	.98	.53	......	1.26	......	.58	.95	1.46	.01	.01	......	......
Injuries	189	176	101	248	1,110	113	49	186	58	648	31	46	243	120	1,686	5,004	93	210	86,498	387.42
Rate	49.02	229.16	57.64	82.33	105.48	77.13	42.42	55.95	57.31	68.92	34.82	58.15	83.50	69.88	89.56	81.49	1.51	3.41	......	......
Malaria (all forms)	24	2	5	14	56	7	9	17	12	425	2	3	13	9	145	743	......	1	7,298	20.26
Rate	6.22	2.60	2.85	4.62	5.32	4.77	7.79	5.11	11.85	45.20	2.24	3.79	4.46	5.24	7.70	12.10	......	.01	......	......
Mental diseases	8	......	6	13	51	4	6	15	5	33	3	2	15	......	53	214	2	124	6,363	79.81
Rate	2.07	......	3.42	4.29	4.84	2.73	5.19	4.51	4.94	3.51	3.36	2.52	5.15	......	2.81	3.48	.03	2.01	......	......

Neurasthenia	38	1	7	5	23	3	7	4	5	15	4	1	2	3	20	188	......	29	6,115	30.69
Rate	9.85	1.30	3.99	1.66	2.18	2.04	6.05	1.20	4.94	1.59	4.49	1.26	.68	1.74	1.06	2.24	......	.47	......	......
Respiratory diseases (except pneumonia and tuberculosis)	113	67	20	39	180	21	19	39	22	211	17	4	311	11	305	1,379	11	44	20,300	82.27
Rate	29.31	86.97	11.40	12.94	17.10	14.32	16.45	11.73	21.63	22.44	19.09	5.05	106.87	6.40	16.20	22.45	.17	.71	......	......
Rheumatic affections	65	9	18	40	206	24	9	42	13	154	11	6	60	11	238	906	......	56	24,005	98.32
Rate	16.86	11.81	10.27	13.27	19.57	16.38	7.79	12.63	12.83	16.38	12.35	7.59	20.61	6.40	12.64	14.75	......	.91	......	......
Skin diseases	74	157	37	101	493	48	22	73	16	342	23	24	127	45	825	2,407	3	11	30,335	89.01
Rate	19.19	204.42	21.11	33.53	46.84	32.76	18.04	21.96	15.80	36.37	25.84	30.34	43.64	26.20	43.82	39.20	.04	.17	......	......
Suicide	5	......	1	1	1	1	......	4	......	5	......	......	......	1	3	22	22	......	22	10.80
Rate	1.29	......	.57	.33	.09	.68	......	1.20	......	.53	......	......	......	.58	.15	.35	.35	......	......	......
Tuberculosis	21	1	8	25	60	7	7	24	7	50	8	7	16	6	103	350	15	238	12,075	456.80
Rate	5.44	1.30	4.56	8.30	5.70	4.77	6.05	7.22	6.91	5.31	8.98	8.84	5.49	3.49	5.47	5.70	.24	3.87	......	......
Typhoid fever	18	17	4	13	37	3	4	5	8	41	2	......	48	6	.52	258	15	......	14,024	45.43
Rate	4.66	22.13	2.28	4.29	3.51	2.04	3.46	1.50	7.89	4.35	2.24	......	16.49	3.49	2.76	4.20	.24	......	......	......
Venereal diseases	45	16	201	470	2,601	222	170	732	122	2,125	94	28	393	210	3,842	11,271	2	188	163,459	542.15
Rate	11.67	20.83	114.72	156.04	247.17	151.53	147.18	220.21	120.55	226.03	105.61	35.39	135.05	122.30	204.10	183.56	.03	3.06	......	......
Totals for above causes	1,230	1,331	614	1,359	6,686	671	485	1,499	512	5,793	321	206	2,933	625	10,353	34,618	225	1,293	539,146	2,234.92
Rate	319.06	1,733.07	350.45	451.19	635.37	458.02	419.91	450.96	505.92	616.22	360.67	260.42	1,007.90	364.00	549.98	563.82	3.66	21.05	......	......
Totals for all other causes	240	331	90	172	662	82	79	275	97	1,148	33	23	318	74	408	4,032	28	382	65,917	384.97
Rate	62.25	430.98	51.36	57.10	62.90	55.97	68.39	82.73	95.84	122.11	37.07	29.07	109.27	43.09	21.67	65.66	.45	6.22	......	......
Totals for all causes	1,470	1,662	704	1,531	7,348	753	564	1,774	609	6,941	354	229	3,251	699	10,761	38,650	253	[3]1,675	605,063	2,621.12
Rate	381.32	2,164.06	401.82	508.30	698.27	513.99	488.31	533.69	601.77	738.32	397.75	289.50	1,117.18	407.10	571.66	629.48	4.12	27.28	......	......
Died	21	......	8	15	53	5	4	20	2	33	3	......	17	9	63	253	......	......	......	......
Rate	5.44	......	4.56	4.95	5.03	3.41	3.46	6.01	1.97	3.51	3.36	......	5.84	5.24	3.34	4.12	......	......	......	......
Invalided from service	19	......	31	56	296	26	22	88	33	509	18	......	199	13	365	[3]1,675	......	......	......	......
Rate	4.92	......	17.69	18.59	28.12	17.74	18.04	26.47	32.60	54.14	20.22	......	68.38	7.57	19.39	27.28	......	......	......	......
SICK DAYS.																				
For all causes, as noted above	29,952	6,705	12,718	28,728	110,601	14,587	9,163	28,645	10,168	115,344	5,193	3,745	48,643	12,197	168,674	605,063	......	......	......	......
Naval Sanatorium for Tuberculosis, Las Animas, Colo	1,682	773	2,130	7,054	6,673	1,793	1,280	2,947	2,608	6,454	1,089	......	3,358	356	15,080	53,277	......	......	......	......
Hospitals for the insane	495	......	482	1,397	2,502	296	549	882	87	1,634	40	......	1,085	......	3,006	12,455	......	......	......	......
Total sick days [4]	32,129	7,478	15,330	37,179	119,776	16,676	10,992	32,474	12,863	123,432	6,322	3,745	53,086	12,553	186,760	670,795	......	......	......	......
Average number days per individual	8.33	9.73	8.75	12.34	11.38	11.38	9.51	9.76	12.71	13.12	7.10	4.73	18.24	7.31	9.92	10.92	......	......	......	......
Total damage [1] [4]	107.44	20.26	61.39	136.91	502.24	60.78	42.97	142.44	52.18	609.07	27.62	10.26	280.59	44.82	725.12	2,535.16	......	......	......	......

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[1] Total damage in terms of individuals whose loss of service by sickness, discharge, or death would be represented as continuous throughout the year.

[2] Does not include those under treatment at Naval Sanatorium for Tuberculosis at Las Animas, Colo., and in hospitals for the insane.

[3] Includes those sent to Naval Sanatorium for Tuberculosis at Las Animas, Colo., and hospitals for the insane.

[4] Including entire service.

TABLE NO. 13.—*Table of surgical operations for the year 1911.*

Operation for—	Character or name of operation.	Result.				Anesthetic employed.							Immediate cause of death.
		Cured.	Improved.	Unimproved.	Died.	Chloroform.	Chloroform-ether.	Ether.	Ether-ethyl chloride.	Ethyl chloride (general).	Local.	None.	
Abdominal viscera ruptured	Intestines sutured	1						1					
Abscess:													
Abdominal	Incised and drained	1						1					
Appendicular	do		1		2	3							1, venous engorgement; 1, uremia.
Brain	Craniotomy	1			1			1	1				Meningitis.
Eye	Enucleation	1			1	1					1		Septicemia.
Do	Incised and drained	1									1		
Inguinal	do	337	1			2		22			314		
Kidney	Exploratory	1		1	1			3					Pyemia.
Do	Incised and drained	1		1				2					
Larynx	do	1						1					
Liver	do	6	2		1		1	7			1		Numerous abscesses.
Lung	Rib resection		1								1		
Lymph node	Incised and drained	6									6		
Neck	do				1			1					Anesthetic.
Omental	do	1						1					
Prostate	do	2						1			1		
Rectum	do	19	3				1	5			16		
Thigh	do	1						1					
Undefined	do	1,063				1		1			1,061		
Adenoids	Curettage	1									1		
Do	Excised	12							1		11		
Adhesions, peritoneum	Repaired	4		1				5					
Anemia, pernicious	Transfusion of blood		1								1		
Angioma, knee	Excised		1					1					
Appendicitis	Appendectomy	312	30		11	2	2	340	9				9, peritonitis; 1, anesthetic; 1, acute nephritis.
Arthritis, chronic; knee	Incised and drained		2	1				1	2				
Atrophy, testicle	Orchidectomy	1						1					
Bursitis:													
Elbow	Excision of bursa	1						1					
Undefined	Incised and drained	5									5		
Calculus, bladder	Suprapubic cystotomy	1						1					
Carcinoma, undefined	Excised	1									1		
Cataract	Extraction and iridectomy	1									1		

Cellulitis, undefined	Incised	26						1			25		
Childbirth	Forceps delivery	2										2	
Do	Version	3										3	
Cholecystitis	Cholecystotomy	1	1					2					
Cholelithiasis	do	2	1					3					
Contracture, tendon	Repaired	1	1					1			1		
Crush:													
Fingers and toes	Amputation	55						7			48		
Arm	do	1						1					
Cyst:													
Kidney	Nephrectomy	1						1					
Ovarian	Excised	3			1			4					Not given.
Sebaceous	do	63						3			60		
Cystitis	Cystotomy	1						1					
Dacryocystitis	Excision of sac	1									1		
Deformity:													
Leg	Amputation	1	1					2					
Acquired, urethra	Beck's urethrotomy	5									5		
Deviation, nasal septum	Submucous resection	60									60		
Dislocation:													
Knee cartilage	Excised	8	1					8		1			
Undefined	Reduction	1										1	
Dysentery:													
Amebic	Appendicostomy	1			1			2					Do.
Undefined	do	3	1					4					
Elongation, uvula	Uvulectomy	6									6		
Endocarditis	Transfusion of blood				1						1		Do.
Enteritis	Appendicostomy	1						1					
Epididymitis, chronic	Epididymectomy	9	1					5			5		
Epithelioma:													
Chest	Excised	1						1					
Lip	do	2	1			1		1	1				
Neck	do	1						1					
Undefined	do	1									1		
Exploratory:													
Abdomenal	Laparotomy		1	3	1		1	4					Carcinoma of colon
Gall bladder	do			1				1					
Liver	do	1						1					
Pancreas	do				1			1					Sarcoma.
Pericardium	Aspiration			1								1	
Extravisation, urine	Cystotomy				1						1		Not given.
Fibroma, skin	Excised	10		1				5			6		
Filiriasis	Incised	2								2			
Fistula:													
Anal	Incised and curetted	36		1		1		10			26		
Fecal	Plastic closure				1			1					Septicemia.
Foreign body:													
Gall bladder	Removal of gauze wick	1						1					
Knee joint	Removal of joint mice	1						1					
Larynx	Tracheotomy				1				1				Diphtheria.

TABLE NO. 13.—*Table of surgical operations for the year 1911*—Continued.

Operation for—	Character or name of operation.	Result.				Anesthetic employed.							Immediate cause of death.
		Cured.	Improved.	Unimproved.	Died.	Chloroform.	Chloroform-ether.	Ether.	Ether-ethyl chloride.	Ethyl chloride (general).	Local.	None.	
Fracture:													
Ankle	Exploration		1								1		
Clavicle	Removal of loose fragments	1						1					
Femur	Approximation		1					1					
Nose	Reduction	1									1		
Patella	Capsule sutured	1	1					2					
Do	Wired	3	1				1	3					
Do	Ligaments sutured	2						2					
Radius, compound	Reduction		1					1					
Skull	Removal of clot and ligation	1						1					
Skull, compressed	Trephining and decompression	7	4	1	1	1		12					Stone in brain.
Skull	Trephining		1					1					
Do	Removal of fragments				1							1	Not given.
Tibia and fibula	Wired	1						1					
Ulnar, compound	Removal of fragments		1					1					
Undefined	Approximation	9									5	4	
Zygoma	do	1						1					
Fracture and dislocation, humerus.	Excision of head of humerus	1						1					
Gangrene:													
Finger	Amputation	1						1					
Foot	do		1					1					
Leg and thigh	do				1			1					Do.
Toe	do	1							1				
Gastroptosis	Exploratory laparotomy		1					1					
Gestation, extra-uterine	Excised	1						1					
Glaucoma	Iridectomy	1									1		
Goiter, exopthalmic	Polar ligation	1	1					2					
Gonococcus infection:													
Bladder	Perineal cystotomy	1						1					
Eye	Enucleation	1						1					
Knee	Incised and drained			1				1					
Lymph node	do	1						1					
Hemorrhoids	Clamp and cautery	132		1		2		79	7		45		
Do	Ligated and excised	96				5	1	10	4		76		
Hematoma, pelvic	Laparotomy		1	1				2					

Hallux valgus	Excision of head of bone	8						6			2		
Hallux varus	Amputation	17						8			9		
Hernia:													
Epigastric	Radical	3						2			1		
Femoral	do	3						3					
Inguinal	Bassini	202	4	1		3		191	9		4		
Do	Colle-Bassini	52						52					
Do	Ferguson	52	1					46	6		1		
Do	Halstead	3	1					1	3				
Do	Johns Hopkins	1							1				
Ventral	Plastic repair	20	1			1		20					
Hydrocele, chronic	Excision of sac	36	1					14	4		19		
Hypertrophy:													
Mammary glands	Extirpation	2						2					
Tonsils	Cauterized	13									13		
Do	Excised	145									145		
Do	Incised	69									69		
Hypospadias	Plastic repair	3									3		
Infected stump, toe	Reamputation	1						1					
Ingrowing nail	Excised	111									111		
Insufficiency of occular muscles	Repair	1									1		
Intra-cranial injury	Removed compression		2		1			2				1	Do.
Intra-spinal injury	Relieved pressure				1			1					Do.
Laceration, pelvic floor	Perineorrhaphy	6						1			5		
Lipoma, undefined	Excised	9						1			8		
Loose body, knee joint	Removal of synovial fringes	1						1					
Lymphadenitis, chronic	Excised (no location given)	30						6			24		
Lymphangeitis	do	2									2		
Mastoiditis	Incised and drained	19	11		1			30	1				Ether pneumonia.
Do	Trephined		1					1					
Metritis, acute	Cleansing and douche				1			1					General sepsis.
Multiple injuries, extreme	Repair	1									1		
Necrosis:													
Clavicle	Excised	1						1					
Parietal	do	1					1						
Undefined	Curetted	4	3	1				4			4		
Do	Excised	1	1					2					
Nephritis acuta	Intravenous salt transfusion		1			1							
Neuralgia, coccydynia	Coccyx excised	1						1					
Neuritis, inguinal	Removal of scar tissue	1						1					
Obstruction:													
Cystic duct	Gall bladder drained		1					1					
Do	Cholecystocolotomy	1						1					
Intestinal	Removed		1					1					
Do	Enterostomy		1		1			2					Tubercular peritonitis.
Orchitis, chronic	Orchidectomy	2									2		
Osteitis, undefined	Curettage	3									3		
Osteoma:													
Femur	Removal		1					1					
Undefined	do		1					1					

TABLE No. 13.—*Table of surgical operations for the year 1911*—Continued.

Operation for—	Character or name of operation.	Result.				Anesthetic employed.							Immediate cause of death.
		Cured.	Improved.	Unimproved.	Died.	Chloroform.	Chloroform-ether.	Ether.	Ether-ethyl chloride.	Ethyl chloride (general).	Local.	None.	
Osteomyelitis:													
Clavicle	Incised and drained			1				1					
Thigh	Amputation	1						1					
Tibia	Subperiosteal resection	1	1	1				3					
Undefined	Incised and drained	2									2		
Otitis externa	Paracentesis	4						4					
Paralysis:													
Facial	Mastoid opened		1								1		
Musculo-spiral	Freed nerve from adhesions	1						1					
Paronychia	Incised	1									1		
Periostitis:													
Finger	Incised and curetted	1				1							
Tibia	Curetted		1					1					
Undefined	do	4									4		
Phimosis	Circumcised	419						1			418		
Phlebitis, undefined	Incised			1					1				
Placenta praevia	High forceps	2						2					
Pleurisy:													
Chronic, fibrinous	Resection of rib				1			1					Not given.
Sero-fibrinous	Paracentesis	9									9		
Suppurative	Intercostal incision		1		1			1	1				Do.
Do	Thoracentisis	2	3	1	2				1		7		1 pericardial abscess, 1 abscess of lung.
Polypus, nose	Excised	8									8		
Prolapse, rectum	Clamp and cautery	2						1			1		
Prostate, hypertrophy	Prostectomy	1						1					
Pterygium	Excised and sutured	36									36		
Pyosalpinx	Drainage	3						3					
Rectal incontinence	Plastic repair to sphincter		1	1				2					
Rhinitis, chronic	Turbinates cauterized	5									5		
Rhinitis, hypertrophic	Turbinectomy	35									35		
Rupture, patellar ligament	Sutured	1						1					
Scar tissue, undefined	Divided	1									1		
Septicemia, arm	Amputation	1						1					
Sinus:													
Appendicular	Excised		1	1				2					
Inguinal	do	1						1					

Sacral	do	1						1					
Undefined	do	1									1		
Sinusitis:													
Ethmoid	Curettage	1									1		
Frontal	Trepined				1	1							Septicemia.
Do	Killian (incised and drained).	4						4					
Sphenoid	Curettage	1									1		
Splanchnoptosis	Posterior gastro-enterostomy			1				1					
Spleen, hypertrophied	Splenectomy	1						1					
Spurs, nasal septum	Excised	11									11		
Strabismus	Repair	1									1		
Stricture, urethral	Urethrotomy	1		1	1			3					Suppurative nephritis.
Symblypheron	Dissected	1									1		
Synovitis, knee	Fringe excision	1						1					
Syphilis, brain	Decompression				1			1					Not given.
Tenosynovitis	Incised and drained	1						1					
Toxemia of pregnancy	Eclampsia forceps	1			1	1				1			Do.
Trachoma	Expression	2									2		
Tuberculosis:													
Brain	Cushing's decompression			1	1			2					Cranial pressure.
Foot	Amputation	1						1					
Lymph node, inguinal	Excised	1				1							
Lymph node, neck	do	7		1				6	2				
Sacro-iliac	Curettage		1					1					
Testicle	Orchidectomy	3		1				4					
Vertebra	Curettage		1					1					
Tumor:													
Benign	Excised	4									4		
Parotid gland	do	1						1					
Urethra	do	1									1		
Ulcer:													
Duodenum	Posterior gastro-enterostomy.	1						1					
Duodenum, perforating	Sutured	1						1					
Gastric	Posterior gastro-enterostomy.	1						1					
Ileum, typhoidal	Resection and Murphy button.				1				1				Typhoid toxemia.
Skin	Excised		1					1					
Stomach	Exploratory laparotomy		1	1				2					
Do	Posterior gastro-enterostomy.	3						3					
Stump, leg	Reamputation		1					1					
Undefined	Curettage	8									8		
Do	Skin graft	1						1					
Undescended testicle	Orchidectomy			1				1					
Union of bone, faulty:													
Finger	Amputation	1						1					
Do	Repair		1								1		
Foot	do		1					1					
Radius	Resection and bone plate	1						1					

TABLE No. 13.—*Table of surgical operations for the year 1911*—Continued.

Operation for—	Character or name of operation.	Result.				Anesthetic employed.							Immediate cause of death.
		Cured.	Improved.	Unimproved.	Died.	Chloroform.	Chloroform-ether.	Ether.	Ether-ethyl chloride.	Ethyl chloride (general).	Local.	None.	
Union of bone, faulty—Contd.													
Radius	Excision of callous	2						2					
Do	Refracture	1						1					
Toe	Amputation			1				1					
Ulna	Resection	1						1					
Undefined	Repair	7						1			6		
Wrist	do	3						1			2		
Varicocele	Ligation and excision	192				1		68			123		
Varix, undefined	do	47	2					34	1		14		
Wound:													
Gunshot—													
Arm	Removal of end of humerus		1					1					
Brain	Decompression				1							1	Suicide.
Knee	Removal of bullet		1					1					
Thigh	Repair	2									2		
Undefined	do	2									2		
Incised—													
Neck	Ligation of artery	1						1					
Heel	Sutured tendo-Achilles	1						1					
Tendons, undefined	Sutured	2									2		
Undefined	do	48									48		
Lacerated—													
Eye	Enucleation	2						2					
Do	Repair	1									1		
Kidney	Nephrectomy	1						1					
Scrotum	Repair	1						1					
Spleen	Exploratory laparotomy				1			1					Not given.
Undefined	Repair	65									65		
Punctured—													
Abdominal	Intestines sutured				1			1					Peritonitis.
Chest	Repair	1										1	
Undefined	do	83										83	
Total		4,249	118	31	47	29	8	1,199	58	4	3,049	98	

TABLE No. 14.—*Statistical summary of the treatment and its results at the United States Naval Sanatorium for Tuberculosis at Las Animas, Colo., for the year 1911.*

Divisions.	Classification.			Total by divisions.
	Incipient.	Moderately advanced.	Far advanced.	
	Number.	*Number.*	*Number.*	*Number.*
Remaining from last year	45	66	33	144
Readmitted from other places	105	66	32	203
Original admissions from Las Animas	6	5	1	12
Total	156	137	66	359

Discharged from institutions as—	Incipient. No.	Incipient. Days.[1]	Moderately advanced. No.	Moderately advanced. Days.[1]	Far advanced. No.	Far advanced. Days.[1]	Total by divisions. No.	Total by divisions. Days.[1]
Dead	....	....	5	2,766	28	5,354	33	8,120
Unimproved	2	218	31	10,379	17	4,592	50	15,189
Improved	44	7,628	35	10,885	3	900	82	19,413
Arrested	18	2,560	2	265	....	....	20	2,825
Apparently cured	27	6,014	1	539	....	....	28	6,553
Continued to next year	65	16,598	63	19,134	18	5,842	146	41,574
Total	156	33,018	137	43,968	66	16,688	359	93,674

[1] Total aggregate number of sick days since admission into sanatorium.

NOTE.—There were no cases of acute military tuberculosis for the year 1911.

TABLE No. 15.—*Hospitals for the insane.*

REVIEW OF THE ADMISSIONS AND DISPOSITIONS OF CASES.

Classification.	Government Hospital for the Insane, Washington, D.C.	Mendocino State Hospital for the Insane, Ukiah, Cal.
Taken up as—		
Remaining from last year	26	3
Admitted	86	29
Disposition:		
Discharged to duty	....	1
Died	4	1
Invalided from service	76	4
Transferred to Naval Hospital	1	....
Transferred	14	22
Continued to next year	17	4
Total sick days	8,343	4,112

OCCUPATIONAL GROUPING.

Classification.	Government Hospital for the Insane, Washington, D. C.		Mendocino State Hospital for the Insane, Ukiah, Cal.		Total.
	Cases.	Sick days.	Cases.	Sick days.	Cases.
Officers of the Navy and Marine Corps	3	168	1	115	4
Artificers:					
Electricians	2	482	....	....	2
Engine room	8	841	3	526	411
Fire room	29	1,702	7	818	36
All others	2	86	2	342	4
Miscellaneous force:					
Clerical	3	457	....	....	3
Culinary	7	627	3	342	10
Hospital force	1	41	1	46	2
Marines	16	1,184	4	532	20
Musicians	2	40	....	....	2
Seamen branch:					
Apprentice seamen	17	797	4	389	21
All others	22	1,918	7	1,002	29
Totals:					
Number	112	8,343	32	4,112	144
Deaths	4	....	1	....	5
Invalided from the service	76	....	4	....	80

Place.	Taken up as—			Disposition.										Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital.	Hospital for the Insane.	Hospital for Tuberculosis.	Transferred.	Continued to next year.	
Albatross, U. S. S.		1							1					4
Annapolis, Md.:														
Academy		12		3					9					24
Hospital		2	8	10										164
Boston, Mass. (yard)		1		1										1
Cañacao, P. I. (hospital)	4	64	15	75	3		8						2	986
Cavite, P. I. (station)		10							10					10
Charleston, S. C. (yard)		16		13									3	284
Chelsea, Mass. (hospital)		28		21						1	1		5	571
Chicago, Ill. (hospital)			1	1										29
Connecticut, U. S. S.		1		1										2
Culebra, P. R. (station)		3		3										3
Delaware, U. S. S.			1									1		21
Florida, U. S. S.			1						1					8
Guam (hospital)	41	1,458	11	1,461	2		42						5	20,650
Guantanamo, Cuba (station)		3		1								1	1	65
Hancock, U. S. S.		2							2					2
Indiana, U. S. S.		2		2										2
Key West, Fla. (station)		1		1										2
Las Animas, Colo. (hospital)	12	37	4	27			10						16	5,764
Mare Island, Cal.:														
Hospital	5	51	1	47	4						2		4	2,122
Yard		4		3					1					31
Mississippi, U. S. S.		2		2										21
Newport, R. I. (hospital)	2	9		9									2	248
New York, N. Y.:														
Hospital	3	36	39	64	3	1	1	1				1	7	1,968
Special duty		8					6		2					9
Yard		12		2			1		9					57
Norfolk, Va.:														
Hospital	13	78	48	117	6			5		1			10	3,908
Yard		66	2	3					65					77
Olongapo, P. I. (hospital)	1	79	1	73			4						4	1,273
Pensacola, Fla. (hospital)		3		3										45

TABLE No. 16.—*Supernumeraries: Those not on the active list of the Navy and Marine Corps, members of the Nurse Corps (female), personnel of the Naval Auxiliary Service, and civilians treated by the Naval Medical Corps*—Continued.

Place.	Taken up as—			Disposition.										Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital.	Hospital for the Insane.	Hospital for Tuberculosis.	Transferred.	Continued to next year.	
Philadelphia, Pa.:														
Hospital	4	76	33	64	13		15			4		6	11	2,214
Special duty		5		4					1					13
Yard		2		1					1					24
Portsmouth, N. H.:														
Hospital		6	1	5			1					1		72
Yard		1							1					1
Puget Sound, Wash.:														
Hospital		6	3	8							1			235
Yard		1							1					1
San Francisco, Cal.:														
Special duty		2		1			1							2
Training station		2		2										5
Sitka, Alaska (hospital)	1	10		10			1							169
Solace (hospital ship)	1	50	3	39	1							12	2	518
South Carolina, U. S. S		1		1										16
South Dakota, U. S. S			1						1					1
Washington, D. C.:														
Dispensary		19		3			8		8					96
Hospital	1	37	21	45	2		5					1	6	1,278
Marine barracks		2							2					2
West Virginia, U. S. S		1		1										86
Yokohama, Japan (hospital)		1		1										28
Total	88	2,211	194	2,128	34	1	98	6	115	6	4	23	78	43,112

II. GENERAL.

TABLE No. 17.—*Recruiting statistics for the year 1911.*

Total number.	Navy.	Marine Corps.	Entire service.
Applicants	79,458	49,999	129,457
Examined physically	44,230	5,169	49,399
Ratio per 1,000 of applicants	556.64	103.38	381.58
Accepted physically	19,119	3,137	22,256
Ratio per 1,000 of applicants	240.61	62.74	171.91
Ratio per 1,000 of applicants examined physically	432.26	606.88	450.53
Surveyed within 4 months for disabilities existing prior to enlistment	248	161	409
Ratio per 1,000 improperly accepted	12.97	51.32	18.37
Original enlistments	15,724	2,987	18,711
Reenlistments	3,849	892	4,741
Enlisted	19,573	3,879	23,452
Surveyed within four months for disabilities existing prior to enlistment	248	161	409
Ratio per 1,000 improperly enlisted	12.67	41.50	17.43

TABLE No. 18.—*Smallpox vaccinations—Report of vaccinations in the Navy and Marine Corps for the year 1911.*

Classification.	Total number vaccinated.	Successful.	Unsuccessful.	Undetermined by reason of transfer.	Percentage of success.
No evidence of previous vaccination	8,414	3,225	4,443	667	38.32
Evidence of previous vaccination	26,161	5,522	17,541	3,182	21.10
Evidence of having had smallpox	346	26	281	34	7.51
Total	34,921	8,773	22,265	3,883	22.25

TABLE No. 19.—*Statement of the work done by the Record and Pension Division of the bureau during the fiscal year ending June 30, 1912.*

Pension cases remaining on hand June 30, 1911	17
Received during fiscal year ending June 30, 1912	1,390
Answered during fiscal year ending June 30, 1912	1,398
Remaining on hand June 30, 1912	9
Cases for board of medical examiners received and answered	559
Cases for retiring board received and answered	44
Reports of death received	373
Reports of medical survey received and acted upon	2,585
Cases from Civil Service Commission received and answered	47
Cases of physical rejection, transfer of patients, and miscellaneous letters received and answered	6,074
Total	12,496
Average for each working day	40+

III. FINANCIAL.

TABLE No. 20.—*Statement of cost of maintenance of naval hospitals for the fiscal yea*

	Portsmouth, N. H.	Chelsea, Mass.	Newport, R. I.	New York, N. Y.	Philadelphia, Pa.	Washington, D. C.	Annapolis, Md.
Provisions	$11,326.22	$33,557.23	$18,785.29	$38,907.48	$29,949.51	$24,353.11	$10,210.74
Ambulance service	128.00	1,151.64	1,337.01	1,134.63	1,110.51	4,436.89	711.23
Fuel, light, water	3,202.23	7,540.37	5,675.12	17,293.96	8,105.70	9,890.67	5,457.57
Medical supplies	816.56	4,234.55	8,539.08	2,298.30	4,466.46	4,099.93	2,274.60
Miscellaneous supplies	2,219.96	6,415.85	5,565.57	10,687.81	7,075.01	9,184.90	2,390.22
Total cost of maintenance	17,692.97	52,899.64	39,902.07	70,322.18	50,707.19	51,965.50	21,494.36
Sick days:							
Navy	6,223	36,984	26,470	44,718	23,001	9,875	7,398
Marine Corps	2,524	6,450	122	7,268	7,339	7,895	3,922
Supernumeraries	37	452	237	2,700	3,204	1,189	177
Subsistence days:							
Hospital Corps	3,882	9,831	7,735	11,004	8,783	12,482	5,373
Pay yeoman in pay office	...	...	...	...	...	...	...
Nurse Corps	...	...	...	...	40	...	...
Marine Guard	...	...	...	7,864	...	6,270	...
Civilian employees	2,196	5,785	4,023	14,958	6,328	5,124	3,645
Total number of days' subsistence	14,862	59,502	38,227	88,512	48,695	42,835	20,515
Average cost per diem for maintenance	$1.190	$0.889	$1.044	$0.795	$1.04	$1.213	$1.047
Average cost per diem for subsistence	.762	.564	.491	.440	.61	.569	.493

	Port Royal, S. C.	Great Lakes, Ill.	Las Animas, Colo.	Mare Island, Cal.	Puget Sound, Wash.	Cañacao, P. I.	nga po, P. I.	Yokohama, Japan.
Provisions	$4,824.22	$7,748.25	$77,480.75	$40,280.29	$15,164.74	$14,569.60	$14107.33	$5,428.03
Ambulance service	...	1,343.58	1,913.91	1,580.28	16.69	913.22	...	...
Fuel, light, water	463.75	5,431.37	23,712.29	18,801.85	3,476.27	15,278.99	2,235.26	3,455.94
Medical supplies	1,399.89	10,609.17	5,067.02	9,952.37	5,558.45	3,890.00	2,712.54	512.70
Miscellaneous supplies	1,365.19	8,313.61	19,305.47	10,976.75	4,857.23	6,049.82	6,081.58	1,479.17
Total cost of maintenance	8,053.05	33,445.98	127,479.44	81,591.54	29,073.38	40,701.63	25,136.71	10,875.84
Sick days:								
Navy	396	7,650	45,225	54,755	11,975	10,030	6,311	1,073
Marine Corps	2,164	53	5,875	12,211	4,707	4,941	7,791	1,014
Supernumeraries	...	110	5,496	2,885	701	1,422	1,298	40
Subsistence days:								
Hospital Corps	1,644	4,562	11,126	14,577	6,258	7,884	6,218	2,216
Pay yeoman in pay office	...	...	370	...	...	...	...	410
Nurse Corps	...	...	...	2,462	...	...	...	...
Marine Guard	...	...	10,168	...	...	385	...	4,170
Civilian employees	1,478	3,015	20,954	9,878	2,682	4,926	4,604	...
Total number of days' subsistence	5,682	15,390	99,214	96,708	26,323	29,588	26,222	8,923
Average cost per diem for maintenance	$1.417	$2.173	$1.280	$0.843	$1.104	$1.370	$0.958	$1.218
Average cost per diem for subsistence	.849	.503	.781	.416	.576	.492	.537	.608

TABLE NO. 21.—*Statement of activities of naval medical supply depots.* [1]

Supply depots.	Requisitions filled.	
	Number.	Value.
New York, N. Y	811	$173,778.19
Mare Island, Cal	205	53,414.41
Cañacao, P. I	158	22,745.89

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[1] The activities of these depots embrace the purchase of medical and surgical supplies, instruments, furniture, etc., their delivery to ships, stations, and hospitals, and the acquisition of information concerning the condition of the market and the sources of supply available in event of national emergency.

TABLE NO. 22.—*Statement of naval hospital fund.*

The condition of this fund is as follows:

Transferred to credit since July 1, 1911	$1,400,799.25
Expended since July 1, 1911	1,381,522.88
Balance on hand June 30, 1912	19,276.37

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Winthrop, Md., malaria at
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  Boston, Mass.: Bacteriological room
    Eye, ear, nose, and throat room
  New York, dispensary, remodeled
  Philadelphia, water supply of
  Port Royal, water supply of
  Puget Sound, acid room at
  Washington, D. C., new foundry at
Yellow fever, outbreak on Yorktown
Yorktown, outbreak of yellow fever on

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Nav. 5[illegible]

NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT

OF THE

Surgeon General, U. S. Navy

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

TO THE

SECRETARY OF THE NAVY

FOR THE FISCAL YEAR

1913

WASHINGTON
GOVERNMENT PRINTING OFFICE
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U. S. Bureau of Medicine and Surgery

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REPORT

OF THE

SURGEON GENERAL, UNITED STATES NAVY.

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., November 6, 1913.

To: Secretary of the Navy.
Subject: Annual report for fiscal year 1913.

The following report of the activities of the Bureau is submitted.

During the period from January 1, 1912, to January 1, 1913, the health of the Navy has been good, showing a considerable improvement over the preceding year and marked improvement over the average year, as shown by the ratio per 1,000 in the following table:

	Admissions and readmissions, all causes.		Sick days.		Deaths.	
	Total.	Rate per 1,000.	Total.	Rate per 1,000.	Total.	Rate per 1,000.
Average, years 1901-1910	38,992	897.35	472,372	10,871.12	234	5.38
1911	50,960	829.98	605,063	9,854.60	253	4.12
1912	48,742	787.46	584,889	9,449.39	253	4.08

DISEASES OF SPECIAL INTEREST.

ANIMAL PARASITIC INFECTIONS.—The increase in the number of admissions in this class is due to the increased interest in hookworm disease and the greater number of examinations for the parasite. ANKYLOSTOMIASIS.—In Guam hookworm infection is practically universal among the natives. Treatment by thymol is being used at present and has proved quite successful. FILARIASIS.—The number admitted with this disease was less than in 1911. As before, all cases occurred in native Samoans. Tincture of ferric chlorid is the most effective drug yet found for treating the acute manifestations, but it does not appear to cure the disease. Salvarsan has been administered in a series of cases without result.

CHOLERA ASIATICA.—One case of Asiatic cholera developed aboard a ship on the Asiatic station and was treated by intravenous injections of hypertonic saline solution, resulting in recovery. DENGUIS.—A considerable reduction from the previous year in the number of cases is noted. This is attributable in part to the efforts made to prevent the breeding of mosquitoes in places where the disease is prevalent; this work is to be continued and a further reduction is anticipated. The disease is endemic among the natives in the Tropics and causes greater damage to the naval personnel than any other of the tropical diseases. DIPHTHERIA.—Admissions for this cause increased from 36 in 1911 to 58 in 1912. More than half of the cases were reported from the naval hospital, Philadelphia, and the greater part of these were bacteriological only, the symptoms being mild or absent. No deaths from diphtheria occurred during the year.

DYSENTERIA AMŒBICA.—Admissions decreased from 1911. One case was reported from the *Princeton*, and was of special interest as the first known to have appeared in American Samoa. The infected man had been in Samoa for 10 years.

FEBRIS FLAVA.—Eight cases of yellow fever, with two deaths, occurred on the *Yorktown* at Guayaquil, Ecuador, in January, 1912. The outbreak was quickly controlled by measures aimed to prevent mosquito inoculation, thus enabling the vessel to continue on the station and duty assigned.

FEBRIS PNEUMONICA.—Efforts have been made to correct conditions favoring the high incidence rate of pneumonia. At the training station, Newport, the rate per thousand for 1912 is about one-fourth of the average rate for the preceding 12 years and lower than in 1911, when the rate was one-third of the 12-year average. In the opinion of the medical officer at the station, prevention of overheating of living and working spaces has been the one great factor in reducing the number of cases of pneumonia. At the naval training station, San Francisco, routine spraying of throats and sterilization of mess gear has helped in reducing the incidence of this and other infectious diseases. A considerable reduction in the number of cases from all training stations and from shore stations in general is noted; but the force afloat showed an increase over the preceding year.

FEBRIS TYPHOIDES.—The damage by this disease during the past five years is shown in the following table:

Year.	Admitted.		Died.	Sick days.
	Number.	Rate per 1,000.		
1908	176	3.32	10	9,589
1909	189	3.30	17	10,378
1910	193	3.30	10	9,436
1911	222	3.61	15	14,604
1912	57	.92	2	5,224

The small number of cases occurring in 1912 shows some of the result of the compulsory administration of typhoid prophylactic to the entire personnel; this work has now been completed, but its full effect does not show in the statistics of 1912, as the work was still being carried on during that year. From the inception of this practice up to June, 1913, about 80,000 persons were inoculated and only seven authentic cases of typhoid occurred in those who had received the full course of the antityphoid inoculation; four of these were at one small tropical station and it has been determined that this was due to deterioration of the vaccine as a result of the conditions to which it was subjected during transportation. Cases of typhoid in persons who had been immunized were, in general, characterized by mild symptoms and rapid convalescence.

Attention is called particularly to the fact that no typhoid appeared among the men of any of the expeditionary forces in the field, a fact of the greatest military importance.

The annual report of the fleet surgeon of the Atlantic Fleet states that the administration of the prophylatic has practically eradicated typhoid from the fleet and that this serious menace to the health of the Navy seems to have passed away. Ships have spent long periods of time in ports where typhoid was prevalent without a single case appearing on board. At the Naval Academy in past years many cases have developed in midshipmen returning from home after the holidays, but there were none this year, all individuals having received the preventive inoculation.

It is to be anticipated that the sense of security produced by the favorable results of immunization may lead to neglect of the sanitary precautions which served to lessen the incidence of typhoid before immunization was adopted. Relaxation in the strict observance of these precautions must be prevented, not only because they are valuable safeguards against diseases other than typhoid, but also, because, as yet, we are not able accurately to gauge the strength or duration of the immunity produced in the individual.

From the navy yard, Philadelphia, and the Naval Academy it is reported that in the districts where the vegetables used at these places are grown, the use of night soil as fertilizer is common. When it is considered that the night soil contains the excreta of many typhoid patients and carriers, and that certain vegetables on which it is used, such as lettuce, celery, and radishes are eaten uncooked, the grave danger in the use of this class of fertilizer is evident. Earnest efforts have been made by the commanding and the medical officers to have this condition corrected but, even with the cooperation of the health authorities of the State, little has been accomplished.

MALARIA.—A slight reduction in the number of cases is noted, the greatest reduction being in the estivo-autumnal type. A severe outbreak appeared on the *Tacoma* at Tampico, Mexico, both the tertian and estivo-autumnal types being present in a malignant form. Sanitary improvements on the rifle range at Winthrop, Md., have progressed so far that no cases of malaria were reported during 1912 from this previously fertile source of infection. Antimosquito work is being carried on actively at stations where malaria is prevalent. It is believed that in the Tropics many are infected during long marches while sleeping without nets in mosquito-infested localities. The best method of prevention is not yet determined; it is evident that prophylaxis by means of 5-grain doses of quinine is not always successful. In Guam minnows have been placed in several bodies of water to prevent mosquito breeding. Salvarsan has been used in the treatment of a small number of cases with encouraging results.

MORBILLI.—Admissions were reduced from 461 in 1911 to 169 in 1912. PAROTIDITIS EPIDEMICA.—Admissions reduced from 887 to 591. RUBELLA.—Reduced from 170 to 155. SCARLATINA.—Increased from

14 to 33, the increase being in the force afloat. At shore stati
number of cases was reduced from 13 to 1. Varicella.—R
from 54 to 28. The considerable decrease in the number of
sions for these contagious diseases, which always have been e
at training stations and receiving ships, is attributed to earl
nosis and strict isolation. The policy of isolating men for a
of 10 to 14 days before transferring them from receiving s
training stations would lessen the number of cases on the s
which such men were transferred, and the adoption of such
tice is strongly recommended. Variola.—Seven cases occurr
ing the year, five in the Philippine Islands and two at Norfolk
occurrence of smallpox in the service from time to time is
faulty administration of systematic vaccination and revaccinat
which an individual sometimes escapes unprotected. The n
of vaccination should be borne in mind continually by comm
officers and members of the Medical Corps. Proper entry of v
tion in the health record is of great importance, and health
should be examined frequently to insure strict observance
requirement.

Tuberculosis in all its forms decreased from 1911, as
strated by the following table, which shows an improvement i
form of the disease:

	1911			1912	
	Admissions.	Sick days.	Deaths.	Admissions.	Sick days.
Tuberculosis miliaris acuta	6	79	3	1	22
Tuberculosis pneumonica	282	10,854	11	238	10,471
Tuberculosis of other parts	19	1,142	1	16	955

At the naval hospital, Las Animas, Colo., treatment by gra
rest and labor has been employed for over a year, and in a lar
portion of the cases the results have been gratifying. With
contemplated changes and additions, it is hoped that arrest
disease in as large a proportion of cases as is reported fro
sanatoria will be accomplished.

A medical officer at present is studying a method develop
physician of Asheville, N. C., which is said to be of value in t
vention of tuberculosis and possibly the cure of certain cases if
in their very incipiency.

Gangosa.—Sixteen natives of Guam were admitted with t
ease during the year. It is still believed to be a sequel of ya
not syphilitic in origin. Arrangements have been made to ap
Noguchi luetin reaction to all persons having gangosa in o
determine if syphilis can be positively excluded as the cause.
eral inspection of the entire native population was made in or
all cases of the disease might be brought under treatment. Lep
The one patient from the Navy admitted with this disease
native Hawaiian. Eighteen lepers were removed from the co
Guam to the island of Culion, P. I.; six others were discovered
the recent house-to-house inspection.

Diseases of the nervous system.—Admissions under this class decreased from 1,015 to 809. **Mental diseases** occurred in about the same number as in 1911. **Epilepsia** showed an increase from 87 to 101.

The subject of mental diseases has received the close attention which is warranted by its important relation to service efficiency. Undoubtedly in the large majority of cases the disease or the tendency thereto exists prior to enlistment, and therefore the most important work in lessening its incidence must be done at the recruiting office by excluding the applicant whose defective mental equipment unfits him for the service.

Throughout the world an increasing interest in the subject of mental defectives is manifested, as a result of the realization of the fact that they are increasing much more rapidly than is the population as a whole. The feeble-minded constitute the most dangerous element of any community, their defects are not remedied by association with normal individuals, and they are the enemies of law and efficiency. In the service they are frequently at conflict with military discipline and make up a large part of the malefactors; they are victims of mistreatment at the hands of others, and their unstable mental equilibrium is disturbed by small quantities of alcohol. The change of environment consequent upon entrance into military life alone may be sufficient to cause grave mental derangement in such persons.

Detection of the mentally unfit is often a vexing problem even under the most favorable conditions, and the difficulties are increased greatly by the circumstances under which the determination must be made in the recruiting office. Diagnosis of idiocy and low-grade imbecility is not a difficult matter, but the more dangerous high-grade imbecile, moron or moral imbecile, may be physically well developed, may appear mentally alert and bright, yet have latent immoral and criminal tendencies. The exclusion of these types requires most careful study of the applicant, and the great importance, from a military point of view, of the medical examiner's duties has been frequently emphasized. For the detection of those classed as feeble-minded the Binet-Simon tests have been employed at one recruiting office, and the indications are that this method will prove to be of value within certain limits.

In this connection the study of late cases of syphilis, in which there are no apparent symptoms, is of the utmost value, not only in the Navy but in civil life. It has been found that those so afflicted may, under strain of great responsibility, develop practically any type of mental aberration known to science.

Diseases of the digestive system show an increase from 1911, which, on analysis, is found to be due to increased incidence of appendicitis and tonsillitis. The acute digestive disturbances, which usually are associated with unsatisfactory quality of the food, show a notable reduction. This reduction is most conspicuous at the Naval Academy, where there were 707 cases with 1,432 sick days in 1911 and 298 cases with 689 sick days in 1912. It is believed that this result is mainly, if not wholly, due to the quality of milk which now is supplied by the Naval Academy dairy. **Appendicitis** shows an increase from 1911. The rate per 1,000 for the force afloat was 9.35 and for that on shore 7.25. On board ship it may be considered as an occupational disease. Factors tending to increase the number of

cases above the average for civil life are the large amount of m
the diet, lessened amount of green vegetables while at sea, a
sedentary life in many ratings, with the resulting prevalent co
tion. A report from the medical officer at Samoa shows an i
in cases of appendicitis following the change from fresh to
storage meat, and this may be a factor in causing the large num
board ship. In the Atlantic Fleet there were during the ye
cases of appendicitis, with no deaths, a record rarely equaled
best equipped city hospitals, even under the most favorable
tions. HÆMORRHOIDS.—As in the case of appendicitis, the adm
rate for this condition from ships is higher than that from
stations, and the same conditions that favor the occurrence
pendicitis tend to produce hæmorrhoids. TONSILLITIS.—Adm
for this disease increased from 2,767 in 1911 to 3,419 in 1912,
all of the increase being among those on board ships. Ships a
yards during bad weather usually have many cases, and this co
persists for some time after going to sea, when the disease gra
disappears.

DISEASES OF THE ORGANS OF LOCOMOTION.—Under this cla
PLANUS is the most important item, and with this condition 18
admitted and 120 invalided from the service, causing 5,023 sic
a slight decrease from the preceding year. The remedial me
usually adopted for flat or weak foot are of avail only in th
stages, and they require protracted and painstaking care and
continued individual attention. The patient must cooperat
the medical officer; he must carry out conscientiously all the
of the treatment and must sincerely desire to be cured. These
tials are difficult to realize under service conditions, and it h
necessary to dispose of most cases by invaliding from the s
In this way many otherwise desirable men are lost to the Na
the Marine Corps each year. The situation is being studie
fully with a view to developing a means of preventing at least
of this loss.

VENEREAL DISEASES.—The decrease in this class is indicated
following table:

Disease.	1911		19
	Admissions.	Rate per 1,000.	Admissions.
Gonorrhea	5,658	92.15	5,403
Syphilis	1,665	27.11	1,424
Chancroid	1,929	31.41	2,169
Combined	9,252	150.68	8,996

Chancroid alone shows an increase. The sick days were r
from 163,459 in 1911 to 147,787 in 1912. This reduction m
ascribed, in part at least, to the prophylactic measures carri
more or less strictly throughout the service. These figures
evident the fact that while the present system of venereal p
laxis is beneficial it is not producing the results that it was
would follow its adoption, and the reason for this is clearly
stood. We know that venereal prophylaxis, when properly
istered within 6 hours of the time of exposure, will prevent inf

while after 12 hours the number of infections increases rapidly. Herein is believed to be the main cause of failure. Extended liberty of from 18 to 48 hours is allowed as often as possible on cruising ships, and so long a time may elapse between contact and treatment as to render the latter ineffective. To realize the full value of any venereal prophylactic it must be applied early, and it is believed that this can be accomplished by providing each man with a prophylactic packet when he goes ashore, with instructions as to its proper use, and impressing on him the necessity of applying the medicament immediately after contact.

From a military standpoint it has become imperative that prophylaxis for venereal disease shall be properly employed. It should be arranged so that if the men—after being thoroughly instructed in personal hygiene and the advisability of avoiding venereal exposure—persisted in willfully seeking illegitimate intercourse they could procure an effective prophylactic to carry with them and apply within six hours after exposure should this take place.

The Bureau would here repeat in strongest terms its recommendation that those who are disabled by reason of venereal disease should have their pay checked while on the sick list. This practice has been in vogue in the Army for some time with satisfactory results.

INJURIES.—Under this class the most important subject is ASPHYXIA EX SUBMERSIONE, or drowning, which shows an increase of 50 per cent over 1911. As is usual, more deaths were due to this than to any other cause. Twelve cases occurred at once at the Great Lakes Training Station; otherwise they were not grouped.

An apparatus for maintaining artificial respiration, to aid in the resuscitation of the apparently drowned or those asphyxiated by other means, has been issued to most hospitals and to the hospital ship *Solace*. These devices have already been used successfully, and it is recommended that one be issued to a ship in each division of the fleet. Despite all precautions, some deaths from drowning must be expected among seagoing men, and the number would be much greater were it not for the system of compulsory instruction in swimming which has been adopted throughout the service.

POISONS.—Of the admissions under this class, those for ALCOHOLISMUS show a reduction from 267 in 1911 to 241 in 1912; the average for 10-year periods is shown in the following table:

Year.	Complement.	Admissions.	Rate per 1.000.
1882-1892	11,775	291	24.71
1892-1902	31,240	248	7.93
1902-1912	61,897	241	3.89

In the Atlantic Fleet there were 73 admissions with 180 sick days, a record seldom equaled in any other occupational group of similar size. Alcoholism is decreasing from year to year, and no longer can be considered a serious menace to service efficiency. VENENUM NEUROTICUM.—Admissions decreased from 124 in 1911 to 50 in 1912. Under this heading LEAD POISONING is the most important condition, and the subject has been studied carefully. The effort to correct the conditions which favor it, mentioned in last year's report, has been

continued with the gratifying results indicated by the figure
above. Inhalation of lead dust by men chipping paint in
ventilated spaces is the most common source of poisoning
Navy, and it is believed that with stricter requirements for t
tilation of apartments in which chipping and painting are bein
together with wearing of masks by men engaged in such wo
thorough washing before meals, the incidence of lead poisoni
be reduced to a still lower figure.

SANITARY CONDITIONS AND MEASURES AFLOAT.

BATTLE CONDITIONS.—Dressing stations on battleships of
type are located behind armor and have running water, t
with suitable storage space for dressings, instruments, and
On the older ships it is difficult to find suitable spaces whic
bine protection, accessibility, and the necessary conveniences.
tle organization which does not provide a permanent detai
least 2 per cent of the crew for first-aid workers is faulty, sinc
during battle is necessarily limited to temporary work wh
quires a number of intelligent men who should be thoroug
structed in control of hemorrhage, application of first-aid dr
and resuscitation of apparently drowned. All officers an
should be provided with identification tags and required to wea
during battle drill. This is an obligation implied by The
convention, to which this Government was a party. Remo
woodwork in stripping for battle has been found to create n
discomfort, and on a ship at sea for one month in this co
there was comparatively little inconvenience. During the
battle practice a special study was made of the character of
in turrets while firing; samples of the air before and during th
were taken to be analyzed in order to determine the presen
character of deleterious gases.

Conditions affecting the engine-room and fireroom force a
care of those injured during battle should receive closer
Transportation of the wounded during battle is impracticabl
as in other parts of the ship, and treatment must be lim
first aid.

Ventilation of the forward compartments of battleships is a
nial problem. Efforts to remedy the faults are continuous, a
ditions have been improved slightly during the year. The co
heating and ventilating system is subject to the criticisms st
last year's report, namely, low relative humidity of air, fai
maintain an equable temperature in all compartments, and d
insects not removed from the air before distribution. Lou
most compartments are near the ceiling, resulting in poor circ
of air, since, in cold weather, the warm air is not delivered i
cooler stratum at the lower level and the normal difference o
perature between the deck and ceiling is increased. This co
has been improved in individual cases by the use of a cloth chut
ing from the louver to the floor, but this increases resistance
flow of air and reduces the amount delivered. Chief petty
quarters are poorly ventilated in a number of ships, and
larger air supply is structurally impossible it is recommend
fans be installed to secure thorough circulation, it havin

demonstrated that the injurious effects of impure air are somewhat obviated by active circulation.

SHIPS IN DRY DOCK.—The difficulty of maintaining proper sanitary conditions on board ships in dry dock makes it necessary again to recommend either the establishment of a system of barracks at the various navy yards to house the crews of ships in dry dock or the adoption of such a system as has been developed at the navy yard, New York, by which the discharges from the ship are received into hoppers which empty into the longitudinal pipes of the dock and are thence pumped outside. This system greatly improves the conditions, making possible the use of baths and toilets by all on board, and the reports of its satisfactory working have led the commandants of other yards to take steps toward adopting it.

Pools of stagnant water left in dry docks form excellent breeding places for mosquitoes and should be controlled in this respect.

ENGINE-ROOM CONDITIONS.—Conditions under which men of the engineer's force work in the fire and engine rooms have received much attention. On the newer ships these conditions are greatly improved, and especially on those using oil for fuel. The number of heat affections continues to decrease from year to year and is now very small. The physical standard for those enlisting as, or changing rate to, coal passer is too low and efficiency is impaired by permitting boys too young and small to attempt this exhausting labor. A rigid examination by a medical officer should be required before a change of rate to that of coal passer is made. Men of the engineers' force are prone to spend their entire time below rather than to wash and change into the uniform required on deck; every effort should be made to induce these men to spend their spare hours in the open air, and any requirements which make this unnecessarily difficult and tend to keep them off the deck should be modified or abolished.

GARBAGE DISPOSAL on the larger ships demands serious consideration. Under present conditions, when at sea, the refuse is dumped overboard or burned in the fireroom, the latter method requiring considerable handling. When in port it is usually collected by lighter once daily and dumped at sea, proper storage of the garbage for 24 hours being a serious problem. It is strongly recommended that garbage incinerators be installed on all ships as rapidly as possible, since experience indicates that a suitable type has been produced.

LAUNDRIES.—On ships having equipment for washing the clothes of the crew experience has demonstrated the feasibility and the great value of this practice. Reports from the medical officers of such ships state that it results in economy of fresh water as well as improvement in the sanitary condition of ship and crew, and costs the men no more than the soap used in the former system. Fewer buckets and receptacles for soaking dirty clothes are required; fewer damp clothes are hung in living compartments, and there is less scrubbing of clothes in unauthorized places. A distinct decrease in the number of cases of boils, scabies, and other skin diseases is reported following the establishment of crews' laundries.

COLD STORAGE.—Cold-storage rooms should not be fitted with wooden shelves or any woodwork that can be eliminated, since wood absorbs the juices of meat and can not be cleaned properly. No ship should be detailed for tropical service that has not a dependable cold-storage plant of sufficient size.

The waste of meat is large, due partly to imperfect refrig and partly to the methods of transportation, in the course of it is roughly handled and exposed to the air for too long a ti

Barber shops.—Continued improvement of the sanitary con of ships' barber shops is observed. Antisepsis and cleanliness barber shops on board ship should be at least as strict as is re by law in most cities; a general appreciation of the possibili the barber as a disseminator of disease should result in the r ment of a uniformly high sanitary standard for all barber sh the Navy.

Operating rooms.—Elimination of steam coils from the op rooms of ships is desirable, and new types of sterilizers withou have been submitted to the Bureau. If an efficient and econ electric sterilizer can be produced, its adoption will be desirabl

Electric ovens.—Experimental installation of electric bak on board ships has greatly improved the cleanliness and don with the dust of coal and ashes in such bakeries. Should they efficient and economical, their general adoption would be advis

Drugs in ships' stores.—Experience has shown that the drugs in ships' stores, even the milder preparations, is apt abused. Some of these drugs which are simply mild local a tics are advertised as cures for numerous diseases, and a ma sore throat, for instance, fearing that his liberty may be restri he reports at the sick bay, may use one of these cure-alls inste so delay reporting a condition which may prove to be diph Thus the isolation may be delayed several days and the num contacts greatly increased. Similar preparations can be secu the dispensary if required, and their sale in ships' stores sho prohibited.

Ear protectors.—The ideal device for protecting the mechan the ear from damage by gunfire has not yet been developed, b tain changes in design and new types have been tried and giv factory results. The necessity of such a device is becoming generally appreciated, and men are more willing than form protect themselves in this way.

Among aviators the ear protectors are being generally adop it is found that by their use the voice can be heard above th of the engine; the sounds of the engine can be analyzed, an unusual element detected.

First lieutenant.—Efficiency in cleanliness and sanitary w board ship has been greatly promoted by the establishment position of first lieutenant. This officer, working in harmon the medical officer, insures the proper execution of sanitary tions.

Spit kits.—The use of wooden spit kits should be abando fast as they can be replaced by the new metal type; these are m finished and pressed instead of soldered. Swabs should be bo least once daily and when not in use should be hung in the ope dry instead of being placed, still wet, in a dark corner or Dishcloths should be boiled and then dried thoroughly afte meal and kept in a clean place, protected from flies or roaches.

First aid.—Instruction in first aid is of great importance, si construction of modern battleships is such that transportat wounded during battle is possible only to a very small exte those injured in turrets and isolated places are dependent entirely upon the skill of others present at the time.

First-aid instruction as given by line officers is not a medical or a humanitarian but a military activity. It is military in that it aims to keep as many men as possible at their fighting stations, and if properly carried out it would tend to lessen the demoralization that might follow the appalling spectacle of a man bleeding freely from an inconsequential wound, which he himself might very properly attend to if instructed in the means of doing so. This instruction of the men by their division officers as a part of the daily drill and under conditions simulating as closely as possible those existing in battle is the best method of teaching the principles of first aid so that they will be retained in the minds of the men during the excitement of battle and applied when needed. Ability to apply these principles and confidence in the ability of others to do so will go far to avoid demoralization among turret crews or other groups of men when surrounded by wounded. The psychologic aspect is thus of no less importance than the physical.

More attention should be given to this instruction; it should be carried out more systematically, and should be a part of the daily drill of every division under actual battle conditions as closely as they can be duplicated.

One medical officer reports that interest in the subject has been increased and maintained by competitive trials in first aid and resuscitation of the apparently drowned between teams from different divisions of the crew, prizes being offered for the team making the best showing.

Ships of the Naval Auxiliary Service have very limited opportunities for medical attention, and instruction in first aid to their crews would therefore be of the greatest value. Such instruction could be given when vessels of this service are in the vicinity of ships having medical officers.

HOSPITAL SHIPS.—The presence of the hospital ship with the fleet has been invaluable for the diagnosis and treatment of special diseases and as a base and supply ship for expeditions. The medical circulating library and the opportunities afforded medical officers of the fleet for keeping in touch with medical progress have greatly widened the scope of usefulness of this ship. The need for a specially designed hospital ship in each fleet is urgent.

TRANSPORTS.—The one transport provided in the appropriation bill of March 4, 1913, will relieve, to some extent, the almost intolerable conditions existing on the vessels at present used for this purpose. These vessels are not designed for such duty, and when they are required to carry several hundred men and officers in addition to their regular complement the deficiencies in ventilation and equipment and the overcrowding greatly menace the health of all on board, especially when they are required to remain on the ship for considerable periods, as not infrequently happens. The frequent calls for expeditionary forces of marines make it important that at least one properly designed and equipped transport of sufficient size be provided for each coast.

TORPEDO BOATS AND DESTROYERS.—Conditions of life on board the smaller vessels are necessarily far from ideal, and on the torpedo boats constructed a generation ago the unfavorable surroundings

reached the maximum. With the progressive increase in size
development of the present type of destroyer a great improve
sanitary environment has been accomplished. For several
this duty is sought after in spite of the fact that these sh
underofficered and the men overworked. It has been noted c
of the destroyers that in cold weather sweating of the sides is
as to keep the decks of the living compartments constantly we
presence of a Hospital Corps man on each vessel of this type
desirable, and the effort to supply this need has been success
spite the shortage in men. A cruising parent ship for the
Torpedo Flotilla is urgently needed in order that the si
injured on the vessels may be afforded facilities for proper ca

AUXILIARIES.—Periodic inspection of vessels of the Nava
iliary Service shows the need for an efficient system of vacc
which will insure the maintenance of immunity against sı
in this service, 57 unvaccinated men having been found on one
This is of importance because of the frequent close contact
auxiliary crews with those of naval vessels. The possibility
pling the fleet by smallpox on a much-needed collier must
sidered. Applicants for the Naval Auxiliary Service sho
examined by medical officers of the Navy at the time of tl
ceptance to determine their physical fitness and to insure
vaccination. The absence of medical officers on these vessels n
important that their crews receive periodic instruction in firs

RECEIVING SHIPS.—The Bureau renews its recommendati
receiving ships be replaced by properly built and equipped ba
Hygienic measures would thus be simplified, and the health, c
and contentment of the men would be greatly increased.

RESERVE FLEETS.—The present plan of keeping vessels in
instead of placing them out of commission has many adv
from a sanitary viewpoint. When ships go into reserve prov
made for the retention on board of the full outfit of medi
surgical supplies, an effort is made to keep a reliable hospital
man detailed to each ship in charge of the stores and fo
gency work, and a medical officer is detailed for each grou
ships are frequently inspected and an excellent sanitary co
has been maintained, such as would not be possible on a ship
out of commission.

SANITARY CONDITIONS AND MEASURES ASHORE.

Further experience with the liability act of May 30, 190
firms the belief that the 15-day rule is an incentive to dish
A man receives no compensation unless he is disabled for 1
and there is a tendency in certain cases of slight injury to r
any expedient to extend the time to the necessary 15 days.

Physical examination of applicants before their accepta
navy-yard workmen was directed by presidential order of De
1912, and this will prevent many abuses of the act such as ha
reported in the past. The additional work involved in carry
the provisions of this order has made it necessary to detail a
tional medical officer for duty at many of the navy yards, thus
tuating the shortage in the personnel of the Medical Corps.

Marine guards stationed at hospitals have been of great value in maintaining order and discipline, and it is hoped that circumstances will permit such guards to be established at the larger hospitals where hitherto it has not been possible. The guard at the naval hospital, Yokohama, was discontinued in July, 1912, and has been superseded by Japanese watchmen.

Electric food warmers have been installed experimentally in the diet kitchens of several hospitals; the food is cooked in a central diet kitchen and sent to the various wards, where it is kept warm with the electric appliances until served. This arrangement has proved to be both satisfactory and economical.

A method has been adopted whereby mess gear and kitchen utensils for naval hospitals can be drawn from general storekeepers at navy yards. The Bureau believes that by this system a uniform and better equipment will be accomplished at a considerable saving in cost.

The new regulations have been of great help by defining the conditions governing medical attendance to officers and men and their families. This practice is of benefit to the medical officers as well as to the patients, and its extension is favored so far as the other duties of the medical officers are not made to suffer. From July, 1912, to July, 1913, the medical officers attached to the Naval Dispensary, Washington, attended to 5,354 house and 1,893 office calls.

NAVAL ACADEMY, ANNAPOLIS, MD.—Sanitary conditions have been good and the sickness less than in the preceding year. The new academy was completed during the year and the last of the old buildings torn down, thus doing away with their bad sanitary arrangements. Unsatisfactory conditions still exist just outside the wall, where are numerous privies, stables, and barrooms; also surface drainage.

The dairy has been of great benefit; a considerable reduction in the number of cases of gastro-intestinal diseases and gains in weight by the midshipmen were accredited to the excellent milk supplied by it.

Complaints about the illumination of Bancroft Hall caused this to be made the subject of study by a special board, and the recommendations for improvement in this respect have been carried out.

NAVY YARD, BOSTON, MASS.—The sanitary condition of the yard has been satisfactory, and minor defects disclosed by the monthly inspections have been remedied promptly. Prevention of rats and flies has received especial attention. Conditions in the prison have been improved, and steps have been taken to provide a dry-heat sterilizer for clothing and bedding.

NAVAL STATION, GUANTANAMO, CUBA.—During the period when plague was present in Habana special precautions were successfully taken to prevent its introduction into this station. A permanent isolation camp has been established on Caracoles Point for the care of contagious diseases occurring in the fleet. As a result of the absence of current and the slight range of the tides in Guantanamo Bay the great amount of waste from the fleet is not quickly removed from the vicinity of the ships, but remains in such concentration as to be a menace to health, particularly when swimming, and frequently fecal matter is deposited along the beaches in quantities sufficient to form breeding places for flies. The problem of s providing for the removal of these waste matters demands consideration.

NAVAL STATION, GUAM.—The general health has been good. terly examination of all enlisted men for intestinal parasi been continued. The work of screening, grading, and filli progressed and the new system of garbage disposal put in op greatly improving conditions.

The native population increased 329 during the year, being on January 1, 1913. The health of the natives is improvi result of the sanitary measures adopted and the general educa the younger generation. An increased water supply is need certain defects in the present system should be remedied. A as the Agaña sewer system is completed, arrangements sh made for all privies to be connected with it.

During 1912 there were admitted to the hospital 2,258 numeraries; 2,234 were natives, of whom 1,246 were children a for treatment for intestinal parasites. The daily average of receiving treatment at the native clinic was 170. About one-s the adult natives have pulmonary tuberculosis, and the gl form is found in many children. Infection with intestinal p is almost universal, and dirt from the floors of native hou from the finger nails of children was found to contain the several species.

Two house-to-house inspections of the whole island have bee for the purpose of discovering and segregating lepers and s proper treatment for those having gangosa.

NAVY YARD, MARE ISLAND, CAL.—The water supply for this is a very serious problem; for at least a part of the year it w essary to use water of doubtful purity. Mosquitoes have been ous, largely because of conditions not under the control of t authorities. The method of housing the men of the barr greatly improved under the present arrangement, whereby gr men are placed in several small houses.

NAVY YARD, NEW YORK, N. Y.—The general sanitary and conditions for the year were good. Under direction of the Bu Mines tests have been conducted with devices for protecti working in poisonous fumes, and over a score of men have bee trained and received certificates for mine-rescue workers. T pensary has been much improved by additions and repairs. C in arrangement of the sewers have lessened the concentration age in the Wallabout basin.

An arrangement devised by the public works officer for carr the discharges of ships, thus allowing use of the baths and h a ship in dry dock, has been tried and found successful. T greatly improve the sanitary conditions on board a ship whi dry dock and do away with the necessity of going out on the use baths and toilet.

NAVY YARD, NORFOLK, VA.—The conditions existing just this yard form the most difficult sanitary problem, but it is e that with the cooperation of the municipal authorities these tions can be remedied in time. New arrangements for garb lection and disposal have been made, and this work is bei formed in a satisfactory manner by a special sanitary squad ditions existing on the Schmoele tract have received careful study and the work of correcting them has been begun.

NAVY YARD, PHILADELPHIA, PA.—The general sanitary condition has been good. Toilet facilities have been provided for ships of the reserve fleet by erection of buildings. Insanitary conditions exist in the part of Philadelphia adjacent to the yard; numerous piggeries are in operation; night soil is used for fertilizing vegetables; breeding places for mosquitoes are maintained in the large pools of stagnant water.

In 12 months a sum approximating a quarter of a million dollars was spent in Philadelphia for provisions, about one-half being for vegetables, many of which are eaten uncooked. A large part of the vegetables used at the yard are raised on the truck farms of the southern part of the city; on these farms night soil collected from the privies and cesspools of the city is used as fertilizer, and a member of the Department of Health of Philadelphia has stated that this includes the excretions of 1,600 typhoid patients. The commandant has stated, "the condition in South Philadelphia in this respect is only equaled on this globe by the practice in China."

The health of the 7,000 to 10,000 men at the navy yard, as well as that of the people of Philadelphia, is menaced by this benighted policy of a great city.

NAVAL STATION, OLONGAPO, P. I.—Work to eliminate the mosquito pest has been carried on actively. Overhauling of the dispensary building has much improved conditions. The danger of plague has been appreciated and all precautions to prevent it have been carefully observed.

The health of the native population has been good; the native free dispensary has been of great service in relieving suffering and giving instruction in sanitary matters. Infantile beriberi has been prevalent and much study is being devoted to it.

NAVAL STATION, TUTUILA, SAMOA.—Sanitary conditions have been satisfactory and the health of the personnel has been excellent. Among the natives epidemics of typhoid fever, dengue, and parotiditis epidemica have occurred, and tuberculosis has been prevalent. Most of the deaths among the native Samoans are due to tuberculosis, filariasis, cancer, and pneumonia. "Devil doctoring" is still practiced extensively, and several deaths have been attributed to this treatment.

Clinics for natives are held four times a week at the Samoan Hospital, and 2,944 attended during the year. Salvarsan had been administered to 107 cases of frambesia up to January 1, 1913, with excellent results. Articles containing information on yaws, dengue, tuberculosis, and other prevalent diseases have been printed in the native newspaper for educational purposes.

By order of the Department, based on a recommendation of this Bureau, a school has been established in Samoa for the purpose of training native Samoan women in the principles of nursing, with a view to their making use of this training among their own people. The course is to be as thorough as practicable, due consideration being given to the education and environment of those under instruction.

NAVAL HOSPITAL, CHELSEA, MASS.—The new hospital is approaching completion but probably will not be occupied before spring or until the power house is ready. As the new building has not a g capacity than the old, it may be necessary to utilize the old ing for any excess of patients. The laboratory facilities hav increased so that complement fixation tests can be performed. surgical department 374 operations were performed during 96 being major operations.

Naval hospital, Great Lakes, Ill.—This hospital was on May 19, 1913, owing to the unnecessary cost of maintain large an institution for the size of the complement. The si now being cared for in a suitable manner in the enlarge quarters.

Naval hospital, Las Animas, Colo.—The Bureau renews its mendation of other years that steps be taken toward the ul abandonment of this hospital, which is used as a tuberculosi torium. The vegetable garden has been a paying investme sides furnishing employment for those able to work. Results o ment at the hospital are gratifying, but men having had tuber are not suitable for return to the service.

Naval hospital, Narragansett Bay, R. I.—The new hospi opened to receive patients on April 15, 1913, and the old b turned over to the commandant to be used as a storehouse.

Naval hospital, New York, N. Y.—A new water-supply has been installed, which increases the amount available. T garbage incinerator has proved to be of great value. A sm in March, 1913, made necessary certain alterations in the system.

Naval hospital, Norfolk, Va.—During the year 2,179 were treated in this hospital, which, because of its location, is more heavily taxed than any similar institution of the Navy equipment and facilities are excellent, except that a proper b for contagious diseases is needed.

Naval hospital, Philadelphia, Pa.—The presence of the fleet at the League Island Navy Yard has considerably increa importance of this hospital. The proposition to dispose present property and erect a hospital at the navy yard h revived. The present site is unsuitable and inaccessible, tra patients being accomplished with undue delay and discomfo

Naval hospital, Olongapo, P. I.—There are many drawb the present system of using the *Relief* as a hospital at this pl it suffices for immediate requirements, and it is hoped that w essary repairs it can be used until a suitable hospital is p The number of patients treated in this institution shows the n for maintaining hospital facilities at this place.

Naval hospital, Canacao, P. I.—Sanitary conditions he greatly improved and a marked decrease in mosquito an borne diseases occurred. The native clinic treated 4,953 cases 1912.

Naval hospital, Portsmouth, N. H.—It it anticipated new hospital at this place will be ready for occupancy befor ary, 1914.

Naval hospital, Puget Sound, Wash.—Patients were tra to the new hospital on January 3, 1912. With the openin Panama Canal the importance of this hospital will be gre creased and an additional wing will be needed.

NAVAL HOSPITAL, WASHINGTON, D. C.—Improvements in Potomac Park have remedied some of the unfavorable conditions at this place. The tunnel connecting the sick officers' quarters with the hospital has been completed and makes it possible to transfer patients for operation without exposing them to the weather.

NAVAL TRAINING STATION, GREAT LAKES, ILL.—The sanitary conditions at this place have been excellent. The water supply has received close attention and analysis has shown it to be satisfactory.

NAVAL TRAINING STATION, NEWPORT, R. I.—Efforts have been made to prevent the overheating of living and working spaces, and as a result the number of cases of pneumonia has been reduced to one-fourth of the average for the preceding 12 years. The Swedish system of exercise was inaugurated in October, 1912, and the results are stated to be excellent.

NAVAL TRAINING STATION, SAN FRANCISCO, CAL.—The health of the personnel has been very good, and a considerable improvement in the number of admissions and sick days is reported.

SANITARY CONDITIONS AND MEASURES IN GENERAL.

The opinions as to the harm done by competitive athletics which involve extreme physical strain, expressed in the reports of the last two years, have received widespread notice, and editorials or articles on the subject have appeared in publications of many sorts, nearly all agreeing with the opinions expressed. It is well recognized that a man having entered upon training for competitive athletics has put his hand to the plow and can not turn back, but throughout his life must continue to exercise if he would avoid degeneration and a decline from the high plane of development to which his training has raised him. This works most harm when the strain thrown on muscles and organs is greatest, as in long-distance rowing and running races.

General indulgence in athletics is desirable, and the mental relaxation secured in this way is even more complete and more profitable than that obtained by prescribed physical drills, and the ideal to be desired is for every man to take an interest in some form of physical diversion other than the routine exercises that are required.

The benefits of systematic physical exercise are well illustrated by the report of the medical officer of the department of physical training at the Naval Academy, which indicates that the first and second classes showed a considerable loss of strength during the period from April to October, 1912, when they had little opportunity for systematic physical exercise. The third class continued the regular drills throughout the summer and showed little change in strength.

Midshipmen are not allowed to participate in crew races longer than the Henley distance ($1\frac{5}{16}$ miles) or in running races longer than the quarter mile, by order of the superintendent, and it is believed that this will prevent a great part of the damage due to excessive strain.

The modified Swedish system of physical exercise developed by Surg. J. A. Murphy has produced excellent results at the Naval Academy, and he has been detailed to instruct chief petty officers at the several training stations in the details of the system. These men, when qualified as instructors, may be utilized to introdu system on board various ships, thus extending it to the whole se

A large number of the officers of the Navy avail themselves o opportunity that may present for active exercise in the open. monthly 10-mile walk frequently interferes with important du is exacted of officers who are standing watch and others whose requires them to walk 8 to 10 miles daily, such as marine o visiting sentries at various posts. Compulsory monthly ex which is irksome and irritating, in no way meets any of the re ments of approved methods of physical training and is in conflict with the teachings of the Swedish system now being duced into the service. To derive the best results from outdoor cise it should be pleasurable and, if possible, have the spirit o test, or at least have a happy coordination between the mu action and the mental impulse directing it.

On shipboard, men of the clerical force, hospital corps, and neer's division, the ones most frequently excused from exerc the open air, are most in need of it, as there is a strong tenden them to spend their entire time below decks.

Recent changes in the uniform of officers and men have no tion to efficiency or sanitary value, and it is recommended that be taken to remedy some of the defects from this standpoin exist in the present uniform.

The chief petty officers' white coat should be so altered that be worn without starched collar and shirt, as are the coats o commissioned and warrant officers, thus increasing comfort an creasing expense.

Reports from officers accompanying expeditions on shore p pated in by men of the Navy call attention to the necessity of s ing for these men a uniform which will be adapted for the cond of such service and will not handicap them as does the presen The blue uniform is too hot for tropical wear and too cost such rough work as expeditionary service entails. The whit form soils quickly and soon acquires permanent stains. It ma brilliant mark in the field and an excellent target on the firing the bluejacket is thus exposed to much greater danger tha marine who is clad in khaki. The material is not suitable fo nights, and after a rain or heavy dew the wearer quickly be chilled. It is worth while to consider seriously substituting for white uniforms of both officers and men.

The white hat is ill adapted for summer wear, since it provi protection from the sun to the eyes or the back of the neck.

The present officers' cap is widely criticized because it provide protection from the sun. It is easily blown off, and to preven it is necessary to press it firmly on the head, causing headache.

Expeditionary forces of marines are accompanied by m officers, and for such officers there is no authorized uniform custom is for them to purchase from the quartermaster enlisted khaki uniforms, and as a result all sorts of variegated make are observed. A definite uniform should be prescribed, so tha officers may equip themselves properly for such duty.

Modern advances in medico-military science have not re in a symmetrical growth of knowledge, and with all our careful of the principles of physical and mechanical efficiency of men and ships a proportionate consideration has not been devoted to the principle expressed by Napoleon's statement that "in war the moral is to the physical as 3 to 1," a dictum indorsed by the highest authorities in the field of military knowledge.

That mental equipment and training for the operations of war are at least as important as material preparation should be continually in the minds of all, and this subject deserves more study in order that methods may be developed and standards established whereby the temperamental types can be classified and those who are desirable can be distinguished from those who are temperamentally unsuited for military activities. This study must be applied equally to officers and men.

Certain lectures delivered at the Naval War College during the year indicate that the importance of study in this direction is receiving more general appreciation, and its more active prosecution would be well repaid by the results obtained.

Rigid tests have been prescribed for officers and men who apply for aviation duty with a view to excluding all except those having perfect control of their physical and mental faculties.

Active measures against flies and mosquitoes have been continued. On several ships screening of galleys has been of great aid in reducing the number of flies. In the island possessions the work has been prosecuted actively and with success, attention being devoted primarily to prevent breeding and secondarily to destruction of adults. Screening of hospitals, recreation buildings, and living quarters has been advanced as much as possible during the year, and it is hoped that this protective measure may be continued to general completion. The beneficent result is indicated by the reduction in fly and mosquito borne diseases.

The sporadic appearance of plague in many ports in different parts of the world, and the possibility of plague-bearing rats gaining entrance to vessels of the Navy, or the ports of the United States, makes it necessary to take every possible precaution against the harboring or breeding of rats in ships or stations under the control of the Navy. Cooperation between medical and line officers in the work so far accomplished has been excellent, and the reduction in the number of rats generally satisfactory. Rat proofing of buildings should be continued, and this feature should be considered in all new construction. A few infected rats and an occasional case of plague have been found in some of the island possessions, but no large epidemic has occurred.

Installation of vacuum cleaners at naval hospitals has proved eminently satisfactory, and it is believed that this system should be incorporated in all suitable buildings to be constructed in the future. Portable cleaners in buildings already constructed and on board ships would be a valuable addition to the present equipment and would lessen the danger of transmission of disease.

Illumination on the newer ships is generally reported as satisfactory, but on the older ones serious defects exist which are difficult to remedy. It has been suggested that a ship in reserve be designated for experiments to be made by a board to determine standards for location, power, number and kind of lights, as well as the color

and finish of walls and furniture which will cause the least
damage to the eyes.

Changes in the lights in Bancroft Hall have been made
recommendation of a board appointed to study the subject;
siderable improvement in conditions is reported.

Tungsten filament lamps have been found to withstand the
of target practice and the general installation of this type for
lights will be of value.

More opportunities than usual were offered in 1912 for af
humanitarian aid. After the serious earthquake in Turkey,
1912, the medical officer and men of the Hospital Corps of th
pion visited many of the afflicted villages and were able to d
toward relieving the injured and starving. During the Balk
this officer worked with the Red Cross in aiding the wounded

After the Battle of Azua, during the Santo Domingo rev
medical officers and hospital corpsmen of the Navy establ
field hospital, where many of the wounded were dressed an
sary operations performed, thus saving many lives which u
edly would have been lost without such assistance. Many w
were treated also after battles at Puerto Plata and Monte Cr

At Vera Cruz, Mexico, the medical officer of the *Des Mo*
sisted in the relief of those wounded during the fighting
neighborhood during October, 1912.

Three medical officers and hospital corpsmen of the Na
sent to aid in the relief of sufferers from floods in the valley
Mississippi in May, 1913, and valuable administrative and s
work was accomplished by them.

Effort is made to impress on all persons associated with th
the important relation of sanitary principles to the health
service. At navy yards printed instructions are issued and p
posted in conspicuous places; lectures also have been deliv
important health topics. In the island possessions articles ha
published in the native newspapers giving elementary rules fo
ing preventable diseases.

A medical officer is a member of the board for inspection
buildings occupied by the Department in Washington, and the
mendations of this board, based on monthly inspections, h
to a great improvement in the sanitary conditions existing
buildings.

Attendance of medical officers as delegates to meetings of
societies continues to be of great value, keeping the Medica
in close touch with the best element of the profession and a
the early adoption of advances in knowledge and new met
combating disease.

Many officers have utilized their leave period by visiting the
of medical teaching at home and abroad to take special co
their own expense. The Bureau is of the opinion that this sh
authorized by the Department when it does not conflict wi
other duties, so that such officers may be in a duty status w
gaged in this work.

It has been found necessary to discontinue the postgraduate
formerly given at the Naval Medical School owing to the s
of medical officers and the difficulty of ordering them to Was

for such instruction without interfering with other requirements of the service. The regular winter course at the school was terminated in February, 1913, before the completion of the work, so that those in attendance might be available for duty with the expeditionary force of marines.

In several States medical officers have been ordered to confer with and lecture to the Medical and Hospital Corps of the Naval Militia, and this has helped members of the militia to gain a better idea of the duties they would be called upon to perform in war. It involves no expense, since the work is done by medical officers in addition to their other duties, and it is hoped that arrangements can be made to carry out such conferences in a larger number of States.

The custom of detailing a medical officer to attend the summer conference at the War College has been continued. Not only is this of advantage to the medical officer in giving him a broader view of the relation of his special field to the operations of the Navy as a whole, but his participation in the discussions appears to be appreciated by his confrères.

Requests are frequently received by the Bureau of Medicine and Surgery for medical officers to fill positions which require special training, since the civil profession looks to the Federal services for knowledge along certain lines that are not within the scope of the duties of the general practitioner. While the value of this cooperation is appreciated and a number of officers have been detailed on such special duties, the shortage in the corps frequently prevents compliance with requests of this nature. The diversity of these duties is illustrated by the following partial list of the activities of medical officers of the Navy aside from the regular duties of this corps: Membership on board of visitors, Government Hospital for the Insane, and various civil hospitals; lecturing on tropical medicine, parasitology, and surgery at various medical colleges; teaching physical training; special work with the pellagra commission and with the Philippine Government; investigating problems of air supplies in submarines; the Alaskan coal fields; and immunization against tuberculosis.

Forms D (inventory of property), F (quarterly abstract of patients), G (hospital ticket), and K (statistical report) have been replaced by new forms. A form for notification of transfers of members of the Hospital Corps has been adopted. The preparation of clinical cards is no longer required.

The revised supply table will be issued shortly. A new nomenclature of diseases and injuries has been adopted which follows closely the Bellevue nomenclature, with certain modifications to adapt it to the needs of the Navy. The Manual for the Medical Department is in course of preparation. Recent legislation has made necessary the preparation of new circulars of information for those desiring to enter the various corps.

The medical equipment for expeditionary forces is being revised, and when completed will consist of equipment for the individual, the company, the regiment, and the brigade.

Plans for sanitary bases and for the evacuation of the wounded in time of war have been prepared.

PERSONNEL.

MEDICAL CORPS.—During the year ending June 30, 1913, five cal officers were admitted to the corps and 15 men were lost by retirement, or resignation, making the strength of the corps 292 vacancies now number 55.

Each year the duties of medical officers become more exactin the responsibilities greater. Each year the difficulty of in properly qualified medical men to enter the corps becomes marked in spite of the effort made to place before recent gra and internes in the hospitals the advantages of the Medical Co a career. The inducements offered are not sufficient to attrac of the necessary qualifications, and there is imperative need reorganization of the corps which will afford to prospective dates more favorable opportunities for advancement. For ex it is not to be presumed that a physician with any hope of suc civil life will take up a naval career with the prospect of rem in a junior grade until he approaches the retiring age of 62.

MEDICAL RESERVE CORPS.—This corps was established by the August 22, 1912, and a large number of distinguished men already been commissioned.

Under the present policy candidates for the Medical Cor examined for entry into the Medical Reserve Corps first; afte pleting the course of instruction at the Naval Medical Schoo are further examined, and if found qualified are commissio the Medical Corps. In this way it is hoped to increase the n of candidates, since it will no longer be necessary for them t the expense of coming to Washington for the examination.

DENTAL CORPS.—Under the provisions of legislation autho the establishment of a Dental Corps, 15 dentists have alread appointed and ordered to duty. It is believed that there will difficulty in filling the corps with well-qualified men. The abi provide dental work of a high grade has made it possible to many recruits with defective teeth whom it would otherwis been necessary to reject.

HOSPITAL CORPS.—On July 1, 1913, the Hospital Corps co of 282 hospital stewards, 507 hospital apprentices, first class, a hospital apprentices, a total of 1,234. The number of hospital men deemed necessary for the Navy with its present strength tween 1,500 and 1,550, divided in the following classes: H stewards, 325; hospital apprentices, first class, 750; hospital a tices, 425 to 475. The above figures show that the greatest defi is in the rating of hospital apprentice, first class, and in spite very active assistance of the Bureau of Navigation, reenlistm this rating are far below the number desired.

The great shortage in the Hospital Corps was felt markedl ing the several periods when marine expeditionary forces were field, as at times it was necessary to strip the hospitals and sho tions of their Hospital Corps complements to a deplorable exte

It is believed that should a rating be established between t hospital steward and that of hospital apprentice, first class, it stimulate reenlistment of men who are capable nurses but wh not sufficient knowledge and ability to pass the examination f pital steward, there being such a vast difference in the requirements for the two ratings.

The course of instruction for members of the Hospital Corps was instituted by order of the Department, upon recommendation of this Bureau, January 18, 1911, for the purpose of securing uniform and efficient instruction of members of the Hospital Corps. About 900 hospital apprentices, first class, and hospital apprentices receive instruction in the following subjects at hospitals and on all ships: Medical and surgical nursing; materia medica and practical pharmacy; emergency surgery and first aid, application of splints and occlusive dressings; bandaging; anatomy and physiology; transportation methods; aseptic operation drill; sterilization; preparation of patient for operation; hygiene, personal and ship; venereal prophylaxis; medical records; care of instruments and medical stores. The value of this course of instruction is demonstrated by the readiness with which these men obtain excellent positions in civil institutions after leaving the Navy.

Nurse Corps.—Since last report 50 new members have been appointed, the corps numbering to date 130. As compared with last year, the percentage of resignations has materially increased, 28 nurses having left the corps during the year. Two definite causes may be given. First, the protracted period of discomfort when the comptroller's decision of December 21, 1912, directed the pay officer to check against the accounts of the nurses the difference between 40 cents and 75 cents commutation for subsistence. The checkage of these large amounts caused great hardship, and the effect was the resignation of a number of nurses as soon as their indebtedness to the Government had been discharged.

The clause attached to the Navy appropriation bill, which was intended to remove the checkage, has been interpreted by the comptroller to mean relief for the disbursing officers and has failed in being effective for the last quarter of 1912 for the nurses stationed at New York and Washington.

The second cause which has resulted in resignations is the large number of more lucrative positions which are offered outside the service.

The number of nurses has been increased at the 10 stations where nurses are on duty, and the scope of their work has broadened in the continued effort to establish and maintain a standard of responsibility and method of instruction.

CONSTRUCTION.

Completed.—The naval hospital, Narragansett Bay, was completed and occupied on April 15, 1913; a temporary heating system was installed at small expense, the new plant not being completed. The hospitals at Chelsea and Portsmouth have been completed, and the latter will be occupied at an early date; at the former it was necessary to install a temporary heating system, pending the completion of the new plant, and the hospital will be occupied after this is completed. The annex to the naval dispensary and sick quarters, Tutuila, Samoa, was completed and occupied in October, 1912. The new operating pavilion at the hospital, Guam, is now in use. The isolation camp buildings at Guantanamo have been completed and were occu February, 1913.

UNDER CONSTRUCTION.—Heating plants are being built for t pitals at Chelsea and Narragansett Bay.

CONTEMPLATED.—The following construction is urgently Navy yard, Charleston, S. C., a hospital; naval hospital, Na sett Bay, R. I., quarters for medical officers; naval hospital, N Va., contagious-disease building; naval hospital, Puget Sou additional wing, contagious-disease building, and quarters fo cal officers.

The following construction is desirable: Naval hospital, C Mass., an additional wing, laundry, morgue, stable, conser and garage, and extension of the sea wall; naval station, quarters for the Nurse Corps and for the Hospital Corps, la naval hospital, Mare Island, nurses' home, contagious ward, quarters, addition to mess hall, and recreation room; naval h Norfolk, stable and garage, garbage crematory, extension wharf, quarters for medical officers and for the Hospital Corps station, Olongapo, a hospital and a dispensary at the navy navy yard, Philadelphia, a dispensary building; naval statio Royal, a hospital; navy yard, Puget Sound, an additional officers' quarters, infectious-disease ward, and garage.

RECOMMENDATIONS.

1. The detail of a properly qualified medical officer as in general of the Medical Department, to serve under the aid spections.

2. That arrangements be made, as at the New York yard, tinue the use of heads and baths on ships in dry dock.

3. Erection of sanitary barracks provided with means for tion at navy yards for the accommodation of the crews o undergoing extensive repairs.

4. Substitution of a sanitary unit system of barracks for re ships.

5. The appointment of a board for the study of the sub clothing and uniforms, and that a representative of the Medical be assigned to this duty for the purpose of discussing the h features of the question.

6. The appointment of a board for the study of the sub illumination on board ship and elsewhere, and that a represe of the Medical Corps be assigned to this duty for the pur discussing the hygienic features of the question.

7. The appointment of a board for the study of crews' hea that a representative of the Medical Corps be assigned to th for the purpose of discussing the sanitary features of the sub

8. Abolition of prison ships.

9. Construction, on accepted plans, of a hospital ship fo fleet.

10. That specially designed transports be provided for expe ary forces.

11. That the tours of duty of ships in Central American be shortened.

12. Assignment of medical officers of the fleet to brief per duty on the hospital ship.

13. That a higher physical standard be required of those enlisting s, or changing rate to, coal passer.

14. That garbage incinerators be installed on all ships.

15. That laundries for the crews' clothing be installed on ships hen practicable.

16. Strict regulation of sanitary conditions of ships' barber shops.

17. That first-aid instruction by line officers be performed more ystematically.

18. That a preparation for prevention of venereal disease, to be sed immediately after exposure, be placed on sale in the canteens.

19. That crews of Naval Auxiliary Service vessels be inspected requently for vaccination and receive instruction in first aid.

20. That the sale of drugs in canteens be abolished.

21. That the conditions under which painting and chipping are one shall be strictly regulated so as to prevent lead poisoning.

22. That 2 per cent of the crew of ships be assigned permanently o the surgeon's division during battle drill.

23. Compulsory use of identification tags by all officers and men uring battle drill.

24. That all persons on ships be required to spend as much time as ossible in the open air each day.

25. That marine guards be stationed at all naval hospitals.

26. That the monthly physical exercise for officers be abolished.

27. That before men are transferred to ships from training stations or receiving ships they be isolated for a period long enough to prevent the spread of infectious diseases.

28. That a special study be made of methods for determining the mental and temperamental fitness of officers and men.

29. Forfeiture of pay by all persons on the sick list with disease of venereal origin.

30. That the attendance of medical officers on special courses of instruction be authorized.

31. That a further effort be made to improve the sanitary conditions surrounding navy yards, particularly that at Philadelphia.

32. That steps be taken toward the ultimate abandonment of the naval hospital, Las Animas.

33. That a definite uniform be assigned for medical officers on duty with marine expeditions.

34. That substitution of khaki for white uniforms of officers and men be considered.

C. F. Stokes.

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I. DISEASES AND INJURIES.

Table No. 1.—*General view of the effects of diseases and injuries on the Navy an Corps during the calendar year 1912.*[1]

Item.	Number.			
	Force afloat.	Stations and yards.	Hospitals.	Entire service.
Average strength, Navy and Marine Corps, 1912	41,842	20,055		61,897
Admissions for diseases, 1912	20,231	8,454	2,079	30,764
Readmissions for diseases, 1912	2,123	980	8,129	11,232
Admissions and readmissions for diseases:				
For the year 1912	22,354	9,434	11,208	41,996
For the year 1911	19,161	14,056	11,035	44,252
Average for 10 years (1901-1910)	17,615	9,260	6,659	33,534
Admissions for injuries, 1912	3,749	1,190	264	5,203
Readmissions for injuries, 1912	183	119	1,241	1,543
Admissions and readmissions for injuries:				
For the year 1912	3,932	1,309	1,505	6,746
For the year 1911	3,639	1,718	1,351	6,708
Average for 10 years (1901-1910)	3,453	1,273	733	5,459
Admissions for all causes, 1912	23,980	9,644	2,343	35,967
Readmissions for all causes, 1912	2,306	1,099	9,370	12,775
Admissions and readmissions for all causes:				
For the year 1912	26,286	10,743	11,713	48,742
For the year 1911	22,800	15,774	12,386	50,960
Average for 10 years (1901-1910)	21,069	10,532	7,391	38,992
Invalided from the service for diseases:				
For the year 1912	203	185	642	1,030
For the year 1911	38	377	738	1,153
Average for 10 years (1901-1910)	132	264	723	1,119
Invalided from the service for injuries:				
For the year 1912	54	42	96	192
For the year 1911	6	84	130	220
Average for 10 years (1901-1910)	28	76	119	223
Invalided from the service for all causes:				
For the year 1912	257	227	738	1,222
For the year 1911	44	461	868	1,373
Average for 10 years (1901-1910)	159	340	842	1,341
Deaths from diseases:				
For the year 1912	26	25	77	128
For the year 1911	25	20	85	130
Average for 10 years (1901-1910)	29	19	88	136
Deaths from injuries:				
For the year 1912	73	25	27	125
For the year 1911	67	37	19	123
Average for 10 years (1901-1910)	64	23	11	98
Deaths from all causes:				
For the year 1912	99	50	104	253
For the year 1911	92	57	104	253
Average for 10 years (1901-1910)	93	42	99	234
Total number of sick days due to diseases, 1912	102,399	56,452	327,945	486,796
Total number of sick days due to injuries, 1912	30,064	11,686	56,343	98,093
Total number of sick days due to all causes:				
For the year 1912	132,463	68,138	384,288	584,889
For the year 1911	125,867	83,665	395,531	605,063
Average for 10 years (1901-1910)	134,863	60,278	277,231	472,372
Average days per individual of average complement:				
For the year 1912				9.44
For the year 1911				9.85
Average for 10 years (1901-1910)				10.87
Average days for each case treated:				
For the year 1912				11.67
For the year 1911				11.54
Average for 10 years (1901-1910)				11.76
Total damage in percentage of sick for diseases:				
For the year 1912				2.14
For the year 1911				3.34
Average for 10 years (1901-1910)				3.99
Total damage in percentage of sick for injuries:				
For the year 1912				.43
For the year 1911				.67
Average for 10 years (1901-1910)				.79
Total damage in percentage of sick for all causes:				
For the year 1912				2.58
For the year 1911				4.01
Average for 10 years (1901-1910)				4.78

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[1] Except sanatorium for tuberculosis and hospitals for insane.

TABLE NO. 2.—*Effects of diseases and injuries during the year 1912.*

FORCE AFLOAT.

Name of ship.	Days in service if less than a year.	Average complement corrected for time.	Admissions and readmissions.						Daily average of patients.	Ratio per 1,000 of force sick daily.	Sent to hospital.	Deaths.	Invalided from service.	Admissions for primary venereal diseases.	
			Remaining from last year.	Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.						Number.	Ratio per 1,000.
Alabama	160	108		69	14	83	768.51	351	2.19	22.77	26			20	185.18
Albany		361	3	257	27	287	795.01	1,986	5.42	15.01	30	1		147	407.20
Albatross		73		14	3	17	232.87	63	.17	2.32	9			2	27.39
Amphitrite		27	1	26		27	1,000.00	345	.94	34.81				10	370.37
Annapolis	245	97		93	7	100	1,030.92	923	3.76	38.76	1	1		36	371.13
Arkansas	106	287		153	31	184	641.11	760	7.16	24.94	15			78	271.77
Baltimore		258		134	13	147	573.64	870	2.37	9.18	16		2	37	143.41
Birmingham		229	1	83	24	108	471.61	921	2.51	10.96	35			31	135.37
Buffalo		328	6	238	33	277	844.51	1,852	5.06	15.42	54	2		83	253.04
California		820	11	755	83	849	1,035.36	4,433	12.11	14.76	66	2		200	243.90
Callao		32		26	2	28	875.00	145	.39	12.18	1			13	406.25
Celtic		142		123	15	138	971.83	647	1.76	12.39	42	1		37	260.56
Chester		181	1	137	18	156	861.87	513	1.40	7.73	54			38	209.94
Chicago		41		12	3	15	365.85	16	.04	.97	10			6	146.34
Cincinnati		311	2	185	18	205	659.16	1,417	3.87	12.44	19			83	266.88
Cleveland	128	65		47	7	54	830.76	319	2.49	38.30	10			10	153.84
Colorado		750	11	284	104	399	532.00	3,639	9.94	13.25	45	2		111	148.00
Connecticut		886	1	483	64	548	618.51	2,167	5.92	6.68	124		1	127	143.34
Culgoa		128		80	8	88	687.50	327	.89	6.95	29			17	132.81
Delaware		874	12	527	148	687	786.04	3,638	9.93	11.36	77	2	5	111	127.00
Denver	170	123		45	7	52	422.76	184	1.08	8.78	7	1		26	211.38
Des Moines		159		116	23	139	874.21	619	1.69	10.62	26			26	163.52
Dolphin		164		42	8	50	304.87	153	.41	2.50	23			17	103.65
Eagle		74		32	5	37	500.00	117	.31	4.18	5			13	175.67
Elcano		96		76	19	95	989.58	316	.86	8.95	6	1		40	416.66
Fish Hawk		31		13	6	19	612.90	67	.18	5.80	6	1		5	161.29
Florida		863	4	491	76	571	661.64	2,204	6.02	6.97	68	1	4	161	186.55
Georgia		845		469	160	629	744.37	3,291	8.99	10.63	100	2	1	81	95.85
Glacier		152	3	131	11	145	953.94	1,005	2.74	18.02	37	2		43	282.89
Hannibal		113		89	16	105	929.20	771	2.10	18.64	12	1	3	13	115.04
Hartford	61	45		24		24	533.33	33	.54	12.00	3			16	355.55
Helena		216	4	112	11	127	587.96	1,230	8.36	15.55	2	2		44	203.70
Idaho		689	4	447	97	548	795.35	3,475	9.49	13.77	52		8	116	168.35
Illinois	261	167		71	20	91	544.90	362	1.38	8.26	29	1		39	233.53
Indiana		150	1	104	17	122	813.83	452	1.23	8.20	33	2		36	240.00
Iowa		188		101	12	113	601.06	530	1.44	7.65	35		2	32	170.21

TABLE NO. 2.—*Effects of diseases and injuries during the year 1912*—Continued.

FORCE AFLOAT—Continued.

Name of ship.	Days in service if less than a year.	Average complement corrected for time.	Admissions and readmissions.						Daily average of patients.	Ratio per 1,000 of force sick daily.	Sent to hospital.	Deaths.	Invalided from service.	Admissions for primary venereal diseases.	
			Remaining from last year.	Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.						Number.	Ratio per 1,000.
Kansas		899	6	471	86	563	626.25	2,482	6.78	7.54	81	1		131	145.71
Kearsarge	198	87		70	11	81	931.02	297	1.50	17.24	13		1	23	264.36
Kentucky	211	134		67	4	71	529.85	228	1.08	8.05	19			14	104.47
Lebanon		56		38	5	43	767.85	129	.35	6.25	14			16	285.71
Louisiana		849	4	454	91	549	646.64	2,831	7.73	9.10	54		1	102	120.14
Maine		166	3	97	13	113	680.72	472	1.28	7.71	40		1	33	198.79
Marietta		36		12	4	16	444.44	41	.11	3.05	7			4	111.11
Maryland		834	10	319	61	390	467.62	2,839	7.75	9.29	46	3		103	123.50
Massachusetts		274	1	212	34	247	901.45	816	2.22	8.10	58			54	197.08
Mayflower		176		85	12	97	551.13	434	1.18	6.70	33			14	79.54
Michigan		725	5	422	93	520	717.24	2,358	6.44	8.88	94	5	3	87	120.00
Minnesota		892	5	471	59	535	599.77	2,194	5.99	6.71	117	2	1	152	170.40
Mississippi		551	3	327	29	359	651.54	1,258	3.43	6.22	57		5	73	132.48
Missouri		622	2	233	39	274	440.51	1,818	4.96	7.97	60	1		85	136.65
Monadnock		198		77	6	83	419.19	235	.64	3.23	38			25	126.26
Montana		336		187	36	223	663.69	949	2.59	7.70	15	1		61	181.54
Monterey		190	1	91	13	105	552.63	645	1.76	9.26	9	1		46	242.10
Montgomery		150	1	68	7	76	566.66	259	.70	4.66	26			22	146.66
Nashville		169	2	73	25	100	591.71	693	1.89	11.18	16			19	112.42
Nebraska		789	4	539	93	636	806.08	2,516	6.87	8.70	107	1	8	124	157.16
Nero	187	14		8	4	12	856.42	132	.70	50.00				2	142.85
New Hampshire		805	3	518	75	596	740.37	2,447	6.68	8.29	109			143	177.63
New Jersey		782	9	295	48	352	450.12	2,450	6.69	8.55	59	3	1	88	112.53
New Orleans		105	4	44	8	56	533.33	444	1.21	11.52				7	66.66
North Carolina		489	4	185	44	233	476.48	1,444	3.94	8.05	49	1		51	104.29
North Dakota		828	3	520	117	640	772.94	3,020	8.25	9.96	117	1	4	100	120.77
Ohio		731	2	365	66	433	592.33	2,435	6.65	9.09	98			83	113.54
Paducah		154	2	82	16	100	649.35	562	1.53	9.93	8	1		16	103.89
Pampanga		41	1	32	4	37	902.43	107	.29	7.07	17			9	219.51
Panther		186	2	139	49	190	1,021.50	865	2.36	12.68	32			26	139.78
Petrel		131	1	110	13	124	946.56	728	1.98	15.11	11			46	351.14
Pittsburgh		572	2	134	27	163	284.96	542	1.48	2.58	77			42	73.42
Prairie		186	1	89	27	117	629.01	847	2.31	12.41	15			29	155.91
Princeton		95		78	13	91	957.89	959	2.62	27.57	4			10	105.26
Quiros		55		48	2	50	909.09	292	.79	14.36	1			20	363.63
Rainbow		271	6	190	19	215	793.35	1,795	4.90	18.08	19	2		58	214.02

Receiving ship at—															
Boston, Mass	....	290	....	149	31	180	620.68	599	1.63	5.62	91	....	6	48	165.51
Mare Island, Cal	....	732	2	284	80	366	500.00	1,008	2.74	3.74	178	6	3	94	128.41
New York, N. Y	....	870	3	518	64	585	672.41	1,976	5.39	6.19	215	3	8	148	170.11
Norfolk, Va	....	1,527	4	809	127	940	615.58	1,610	4.39	2.87	521	5	120	308	201.70
Philadelphia, Pa	....	336	....	306	60	366	1,089.28	998	2.71	8.06	102	....	52	113	336.29
Puget Sound, Wash	....	479	2	107	28	137	286.01	610	1.66	3.46	48	....	5	47	98.12
Rhode Island	....	840	12	401	59	472	561.90	2,558	6.98	8.30	100	2	3	87	103.57
St. Louis	....	154	....	31	6	37	240.25	126	.34	2.20	17	....	....	10	64.93
Salem	....	174	5	77	34	116	666.66	767	2.09	12.01	33	2	....	13	74.71
Samar	....	34	....	30	....	30	882.35	269	.73	21.47	....	....	....	9	264.70
San Francisco	....	287	1	82	14	97	337.97	600	1.63	5.67	34	....	....	36	125.43
Saratoga	....	556	10	484	68	562	1,010.79	4,079	11.14	20.03	50	2	....	197	354.31
Scorpion	....	88	1	63	5	69	784.09	647	1.76	20.00	1	....	....	24	272.72
South Carolina	....	744	4	330	62	396	532.25	2,408	6.57	8.83	64	1	....	91	122.31
South Dakota	....	790	5	359	60	424	536.70	3,282	8.96	11.34	108	2	....	147	186.07
Southery	....	334	2	96	14	112	335.32	1,434	3.91	11.70	21	1	2	23	688.62
Supply	....	131	1	62	12	75	572.51	441	1.20	9.16	14	1	....	11	83.96
Tacoma	....	177	....	178	15	193	1,090.39	1,048	2.86	16.15	17	....	....	22	124.29
Tallahassee	....	63	1	28	8	37	587.30	146	.39	6.19	10	....	....	17	269.84
Tennessee	....	389	1	277	31	309	794.34	1,284	3.50	8.99	31	....	1	85	218.50
Torpedo fleet:															
Asiatic	....	648	3	547	48	598	922.83	1,974	5.39	8.31	198	4	....	234	361.11
Atlantic	....	2,511	3	872	159	1,034	411.78	3,886	10.61	4.22	334	6	2	333	132.61
Atlantic reserve	....	348	1	213	34	248	712.64	970	2.65	7.61	17	....	....	46	132.18
Pacific	....	812	1	316	98	410	504.92	1,889	5.16	6.35	81	6	1	117	144.08
Utah	....	897	10	534	109	653	727.98	3,105	8.48	9.45	59	1	2	156	173.91
Vermont	....	902	4	468	117	589	652.99	3,186	8.70	9.64	101	1	1	120	133.03
Vicksburg	....	156	....	71	16	87	557.69	535	1.46	9.35	25	....	....	25	160.25
Villalobos	....	55	....	50	3	53	963.63	301	.82	14.90	....	....	....	26	472.72
Virginia	....	825	2	299	48	349	423.03	1,753	4.78	5.79	151	....	....	94	113.93
Washington	....	672	....	282	46	328	488.09	1,770	4.83	7.18	82	....	....	104	154.76
West Virginia	....	413	12	223	42	277	670.70	1,843	5.03	12.17	50	4	....	44	106.53
Wheeling	....	154	1	71	9	81	525.97	348	.95	6.16	6	1	....	37	240.25
Wilmington	....	209	1	123	12	136	650.71	924	2.52	12.05	5	2	....	76	363.63
Wisconsin	....	149	3	76	10	89	597.31	310	.84	5.63	18	....	....	31	208.05
Wyoming	98	267	....	203	32	235	880.14	670	6.83	25.58	36	....	....	46	172.28
Yankton	....	81	....	47	9	56	691.35	201	.54	6.66	16	....	....	14	172.83
Yorktown	170	97	....	49	4	53	567.01	214	1.25	12.88	14	1	....	14	144.32
Total	....	41,842	247	22,354	3,932	26,533	634.19	132,463	361.92	8.64	5,475	99	257	6,870	164.18

TABLE NO. 2.—*Effects of diseases and injuries during the year 1912*—Continued.

FORCE ASHORE.

Name of ship.	Days in service if less than a year.	Average complement corrected for time.	Admissions and readmissions.						Daily average of patients.	Ratio per 1,000 of force sick daily.	Sent to hospital.	Deaths.	Invalided from service.	Admissions for primary venereal diseases.	
			Remaining from last year.	Disease.	Injury.	Total.	Ratio per 1,000.	Sick days.						Number.	Ratio per 1,000.
Navy yards:															
Boston, Mass.		422	3	305	38	346	819.90	1,555	4.24	10.04	72	1	4	48	113.74
Charleston, S. C.		195	21	278	36	335	1,717.94	4,863	13.28	68.10	9		7	34	174.35
Mare Island, Cal.		773	2	244	45	291	376.45	1,659	4.53	5.86	98	1	14	61	78.91
New York, N. Y.		267		141	26	167	625.46	540	1.47	5.50	95	2	4	46	172.28
Norfolk, Va.		649	2	332	39	373	574.73	1,928	5.26	8.10	175		17	109	167.95
Philadelphia, Pa.		556	14	500	90	604	1,086.33	2,798	7.64	13.74	109		10	93	167.26
Portsmouth, N. H.		135		93	14	107	792.59	570	1.55	11.48	25	2	3	11	81.48
Puget Sound, Wash.		236		184	37	221	936.44	490	1.33	5.63	156		11	30	127.11
Washington, D. C.		425		144	27	171	402.35	481	1.31	3.08	106		2	31	72.94
Naval stations:															
Academy		1,111	2	1,135	198	1,335	1,201.62	4,099	11.17	10.05	363	2	16	83	74.70
Cavite, P. I.		536	4	306	23	333	621.26	899	2.45	4.57	156	1		80	149.25
Great Lakes, Ill.		623	2	586	87	675	1,083.46	3,424	9.35	15.00	243	1	45	60	96.30
Guantanamo, Cuba		312	1	83	21	105	336.53	941	2.57	8.23	10			21	67.30
Hawaii, Territory Hawaii		229	10	148	18	176	768.55	1,875	5.12	22.35	7			32	139.73
Key West, Fla.		111	2	82	16	100	900.90	532	1.45	13.06		1	1	10	90.09
Narragansett Bay, R. I. (torpedo)		289	1	61	21	83	287.19	317	.86	2.97	27			11	38.06
Narragansett Bay, R. I. (training)		1,889	6	888	122	1,016	537.85	4,043	11.04	5.84	463	1	19	117	61.93
Olongapo, P. I.		620		425	23	448	722.58	716	1.95	3.14	335	1		80	129.03
San Francisco, Cal.		972	24	1,197	115	1,336	1,374.48	10,015	27.36	28.14	140	4	57	124	127.57
Tutuila, Samoa		92	1	105	6	112	1,217.39	958	2.61	28.36		1	2	2	2.17
Miscellaneous places:															
China (expedition)		191	7	234	4	245	1,282.72	1,181	3.22	16.85	9	1		122	638.74
Cuba (expedition)	223	462		141	11	152	329.00	738	3.30	7.14	31			30	64.93
Dover, N. J. (magazine)		25		4	2	6	240.00	46	.12	4.80	1	1			
Hingham, Mass. (magazine)		25		1		1	40.00	1	.002	.08				1	40.00
Indian Head, Md. (proving ground)		75		15	3	18	240.00	55	.15	2.00	3			6	80.00
Iona Island, N. Y. (magazine)		25		1	1	2	80.00	12	.03	1.20	1				
Nicaragua (expedition)	144	428		295	39	334	780.37	2,338	16.23	37.92		10		95	221.96
Panama, Isthmian Canal Zone (Camp Elliott)		322	7	252	44	303	940.99	8,357	9.17	28.47	4	4		62	192.54
Peking, China (legation guard)		307	5	140	16	161	524.43	1,145	3.12	10.16	3	1		68	221.49
Port Royal, S. C. (disciplinary barracks)		439	2	261	44	307	699.31	1,490	4.07	9.27	147		10	49	111.61

Portsmouth, N. H. (prison)	....	427	4	152	37	193	451.99	1,812	4.95	11.59	8	....	2	20	[illegible]
Santo Domingo, Dominican Republic (expedition)	72	160	....	156	21	177	1,106.25	808	11.22	70.12	8	....	....	28	175.00
Washington, D. C. (dispensary)	....	160	1	66	14	81	506.25	397	1.08	6.75	17	....	1	2	12.50
Washington, D. C. (marine barracks)	....	219	1	86	11	98	447.48	434	1.18	5.38	57	....	1	19	86.75
Winthrop, Md. (Marine Corps rifle range)	....	129	....	24	6	30	232.55	126	.34	2.63	20	2	....	5	38.75
Unaccounted for by regular returns	....	4,484	3	369	54	440	98.12	11,495	31.40	7.00	103	13	1	84	18.73
Total	....	18,320	125	9,434	1,309	10,868	593.23	68,138	186.16	10.16	3,001	50	227	1,674	91.37
Total force afloat	....	41,842	247	22,354	3,932	26,533	634.19	132,463	361.92	8.64	5,475	99	257	6,870	164.18
Total force ashore	....	18,320	125	9,434	1,309	10,868	593.23	68,138	186.16	10.16	3,001	50	227	1,674	91.37
Grand total	....	60,162	372	31,788	5,241	37,401	621.67	200,601	548.08	9.11	8,476	149	484	8,544	142.01

TABLE NO. 3.—*Effects of diseases and injuries during the year 1912, hospitals and hospital ships.*

Hospital.	Days in service if less than a year.	Cases under treatment.				Discharged to duty.				Invalided from service.				Died.				Continued to next year.	Total number of sick days.	Average number daily under treatment.	Average number of days treatment per case.
		Remaining from last year.	Admissions and readmissions.																		
			Diseases.	Injuries.	Total.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.	Diseases.	Injuries.	Total.	Ratio per 1,000 of cases treated.				
Annapolis, Md	......	35	366	81	482	307	67	374	781.53	1	......	1	2.07	6	....	6	12.44	24	10.562	28.85	21.91
Canacao, P. I	......	30	834	69	933	591	38	629	674.16	3	......	3	3.21	....	....	....	....	35	19.748	53.95	21.16
Chelsea, Mass	......	107	764	128	999	572	99	671	671.67	15	3	18	18.01	5	1	6	6.00	143	41,825	114.27	41.86
Great Lakes, Ill	......	27	273	25	325	237	14	251	772.30	7	3	10	30.60	2	11	13	40.00	7	7,424	20.28	22.84
Guam	......	2	210	35	247	181	33	214	866.39	......	......	......	....	1	....	1	4.04	13	2,505	6.84	10.14
Las Animas, Colo. (hospital force)	......	7	36	4	47	38	4	42	888.88	1	......	1	22.22	....	....	....	....	4	1,043	2.84	23.17
Mare Island, Cal	......	157	1,057	166	1,380	699	121	820	594.20	134	25	159	115.21	7	1	8	5.79	171	54,811	149.75	39.71
Narragansett Bay, R.I	......	61	820	95	976	665	75	740	758.19	64	7	71	72.74	12	1	13	13.31	43	28,812	78.72	29.52
New York, N. Y	......	150	1,036	176	1,362	667	140	807	592.51	154	15	169	124.08	11	....	11	8.07	166	45,774	125.06	33.60
Norfolk, Va	......	158	1,663	245	2,066	892	166	1,058	512.10	143	26	169	81.31	8	2	10	4.84	273	65,502	178.96	31.70
Olongapo, P. I	......	23	509	34	566	450	27	477	842.75	3	......	3	5.30	4	2	6	10.60	11	12,630	34.50	22.31
Philadelphia, Pa	......	86	862	147	1,095	567	96	663	605.47	1	......	1	.91	9	....	9	8.21	101	35,045	95.75	32.00
Port Royal, S. C	......	5	134	22	161	106	18	124	770.18	12	2	14	86.96	1	1	2	12.42	8	3,606	9.85	22.39
Portsmouth, N. H	......	17	120	25	162	69	22	91	561.72	7	2	9	55.55	1	1	2	12.34	25	7,059	19.28	43.57
Puget Sound, Wash	......	38	424	75	537	281	63	344	640.59	63	10	73	135.94	2	....	2	3.72	46	17,894	48.89	33.32
Sitka, Alaska	83	....	6	2	8	6	2	8	1,000.00	......	......	......	....	....	....	....	....	......	68	.81	8.50
Solace (hospital ship)	......	9	690	102	801	438	61	499	622.97	......	......	......	....	6	7	13	16.22	3	13,600	37.15	16.97
Washington, D. C	......	55	379	74	508	276	60	336	661.41	34	3	37	72.83	2	....	2	3.93	37	15,534	42.44	30.57
Yokohama, Japan	......	2	25	....	27	20	......	20	740.74	......	......	......	....	....	....	....	....	1	846	2.31	31.33
Total	......	969	10,210	1,505	12,682	7,062	1.106	8,168	644.00	642	96	738	58.20	77	27	104	8.20	1,111	384.288	1,050.50	30.30

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature).*

[Except sanatorium for tuberculosis and hospitals for insane.]

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 1.—PARASITIC INFECTIONS (ANIMAL).															
Amœbiasis:															
Force afloat	......	2	......	1	......	....	......	......	1	....	......	......	......	......	11
Stations and yards	......	1	......	......	......	....	......	......	1	....	......	......	......	......	1
Hospitals and hospital ships	......	2	4	3	1	....	......	1	......	....	......	1	......	......	58
Total	......	5	4	4	1	....	......	1	2	....	......	1	......	......	70
Ankylostomiasis:															
Force afloat	......	3	1	3	......	....	......	......	1	....	......	......	......	......	17
Stations and yards	......	86	6	90	......	....	......	1	......	....	......	......	1	......	314
Hospitals and hospital ships	......	59	3	61	1	....	......	......	......	....	......	......	......	......	420
Total	......	148	10	154	1	....	......	1	1	....	......	......	1	......	751
Ascariasis:															
Force afloat	......	2	......	2	......	....								......	2
Stations and yards	......	11	......	11	......	....								......	29
Hospitals and hospital ships	......	12	......	12	......	....								......	12
Total	......	25	......	25	......	....	......	......	......	....	......	......	......	......	43
Filariasis:															
Force afloat	......	1	......	1	......	....	......	......	......	....	......	......	......	......	1
Stations and yards	......	11	12	22	1	....	......	......	......	....	......	......	......	......	142
Total	......	12	12	23	1	....	......	......	......	....	......	......	......	......	143

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 1.—PARASITIC INFECTIONS (ANIMAL)—Continued.															
Oxyuriasis:															
Force afloat		1		1											1
Stations and yards		1	1	2											12
Total		2	1	3											13
Tæniasis:															
Force afloat	1	11	3	13					2						55
Stations and yards		14		11					3						34
Hospitals and hospital ships		2	4	4	1									1	96
Total	1	27	7	28	1				5					1	185
Trichiniasis: Stations and yards		3		3											5
Total for class No. 1:															
Force afloat	1	20	4	21					4						87
Stations and yards		127	19	139	1			1	4				1		537
Hospitals and hospital ships		75	11	80	3			1				1		1	586
Total	1	222	34	240	4			2	8			1	1	1	1,210
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL).															
Actinomycosis: Stations and yards		1		1											32
Anthrax:															
Force afloat		1							1						1
Hospitals and hospital ships			2	1	1										71
Total		1	2	1	1				1						72

Bacteriemia: Force afloat		1		1											3
Catarrhus epidemicus:															
Force afloat	5	1,049	9	1,012	10				32				3	6	3,736
Stations and yards	9	789	16	741	6				55					12	3,407
Hospitals and hospital ships	8	29	87	97	21								1	5	1,537
Total	22	1,867	112	1,850	37				87				4	23	8,680
Cholera asiatica: Force afloat		1		1											34
Denguis:															
Force afloat	1	127	2	69					57				3	1	495
Stations and yards	1	251	1	98					152				1	2	594
Hospitals and hospital ships		20	228	223	24									1	1,816
Total	2	398	231	390	24				209				4	4	2,905
Diphtheria:															
Force afloat		11	1	2					9				1		48
Stations and yards		6	1	1	1				5						37
Hospitals and hospital ships	3	41	15	42	10								1	6	1,222
Total	3	58	17	45	11				14				2	6	1,307
Dysenteria amœbica:															
Force afloat	1	10	3	3					10				1		150
Stations and yards		14	4	5					13						80
Hospitals and hospital ships	2	6	31	26				2					7	4	966
Total	3	30	38	34				2	23				8	4	1,196
Dysenteria infectiva (bacillary):															
Force afloat		3							3						3
Stations and yards		17		4					13						34
Hospitals and hospital ships	1		17	10	8										234
Total	1	20	17	14	8				16						271
Dysenteria (undefined):															
Force afloat	2	15	3	14					6						129
Stations and yards		12	1	8					4					1	195
Hospitals and hospital ships	1	4	11	11	1			1					3		370
Total	3	31	15	33	1			1	10				3	1	694
Enteritis flagellata:															
Stations and yards		2							2						2
Hospitals and hospital ships	1	1	4	4	1								1		76
Total	1	3	4	4	1				2				1		78

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Enteritis infectiva:															
Force afloat		41	1	40					2						378
Stations and yards		1		1											6
Hospitals and hospital ships		1	2	1	2										32
Total		43	3	42	2				2						416
Erysipelas:															
Force afloat		16		7					8					1	108
Stations and yards		5		3					2						75
Hospitals and hospital ships	1	5	11	15	2										390
Total	1	26	11	25	2				10					1	573
Febris cerebrospinalis:															
Force afloat		3							3						5
Stations and yards		16	1	3			4		10						240
Hospitals and hospital ships	1	3	18	9	7		5							1	686
Total	1	22	19	12	7		9		13					1	931
Febris flava:															
Force afloat		8	6	6			1						7		41
Stations and yards		1					1								4
Total		9	6	6			2						7		45
Febris melitensis: Force afloat		1		1											50

Febris pneumonica:															
Force afloat		113	3	24	3		2		81				5	1	705
Stations and yards	1	34	2	11			2		22					2	356
Hospitals and hospital ships	10	25	117	83	31		19					2	3	14	4,092
Total	11	172	122	118	34		23		103			2	8	17	5,153
Febris rheumatica:															
Force afloat	3	206	15	144	3		1	1	94				8	3	2,564
Stations and yards	3	84	16	53	1				47				1	1	907
Hospitals and hospital ships	12	19	152	108	25	1		18				1	8	22	8,622
Total	18	309	213	305	29	1	1	19	141			1	17	26	12,093
Febris typhoides:															
Force afloat	2	28	4	13	1				16				3	1	701
Stations and yards		21	13	20	1		1		10			1		1	1,103
Hospitals and hospital ships	26	8	33	40	11		1					7	4	4	3,430
Total	28	57	50	73	13		2		26			8	7	6	5,234
Frambœsia: Force afloat		1	1	2											3
Lepra: Hospitals and hospital ships		1	1										1	1	69
Malaria:															
Cachexia malarialis—															
Force afloat		7		3					4						22
Stations and yards		1		1											1
Hospitals and hospital ships		1	7	3	2		1							2	225
Total		9	7	7	2		1		4					2	248
Febris æstivoautumnalis—															
Force afloat		96	16	101			1		6				2	2	507
Stations and yards		47	15	40	3				11				3	5	514
Hospitals and hospital ships	2	4	18	17	3							1		3	404
Total	2	147	49	158	6		1		17			1	5	10	1,425
Febris hæmoglobinurica—Force afloat		1		1											1
Febris quartiana—															
Force afloat		7		5	1				1						67
Stations and yards		4	1	4					1						23
Hospitals and hospital ships	1		1	2											50
Total	1	11	2	11	1				2						140

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Malaria—Continued.															
Febris tertiana—															
Force afloat	1	295	81	348	2				25				2		1,685
Stations and yards	2	235	63	246	1		1		42				2	8	1,304
Hospitals and hospital ships	1	22	80	76	19								2	6	1,573
Total	4	552	224	670	22		1		67				6	14	4,562
Morbilli:															
Force afloat		79		7					70				2		213
Stations and yards		71	3	19					51					4	460
Hospitals and hospital ships		19	125	113	10									21	2,849
Total		169	128	139	10				121				2	25	3,522
Parotiditis epidemica:															
Force afloat	6	180	3	45	1				139				4		893
Stations and yards	6	386	7	160	2				233				3	1	3,316
Hospitals and hospital ships	22	25	376	390	20	1							7	5	8,220
Total	34	591	386	595	23	1			372				14	6	12,429
Pertussis:															
Force afloat		1											1		2
Stations and yards		1		1											1
Total		2		1									1		3
Phagedæna: Force afloat		1		1											18

Pyæmia:															
Force afloat		1							1						4
Stations and yards		1					1								93
Hospitals and hospital ships			1		1										9
Total		2	1		1		1		1						106
Pyrexia ortus incerti:															
Force afloat	1	104	2	73					27				5	2	526
Stations and yards	1	12	3	7	2				6					1	96
Hospitals and hospital ships	4	5	43	19	29	1							3		515
Total	6	121	48	99	31	1			33				8	3	1,137
Rabies:															
Stations and yards		1							1						1
Hospitals and hospital ships			2		1		1								1
Total		1	2		1		1		1						2
Rheumatismus articularis chronicus:															
Force afloat	1	50	22	29				2	35				6	1	506
Stations and yards	2	15	8	8	2			5	9					1	123
Hospitals and hospital ships	7	14	60	35	8			17					12	9	3,340
Total	10	79	90	72	10			24	44				18	11	3,969
Rubella:															
Force afloat		23		17					5				1		164
Stations and yards		126	1	53					73					1	765
Hospitals and hospital ships	8	6	81	81	4									10	1,733
Total	8	155	82	151	4				78				1	11	2,662
Scarlatina															
Force afloat	1	30	1	2			1		26				1	2	92
Stations and yards		1							1						2
Hospitals and hospital ships	1	2	30	23	5		2							3	963
Total	2	33	31	25	5		3		27				1	5	1,057
Septicaemia:															
Force afloat		1							1						0
Hospitals and hospital ships	1	1	1		1		2								45
Total	1	2	1		1		2		1						45
Tuberculosis miliaris acuta:															
Force afloat		1							1						1
Hospitals and hospital ships			1								1				21
Total		1	1						1		1				22

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 2.—GENERAL INFECTIVE DISEASES (NONVENEREAL)—Continued.															
Tuberculosis pneumonica:															
Force afloat	3	120	25	1				1	125		2		18	1	1,173
Stations and yards		29	20	8			2	4	21		9	1	3	1	2,165
Hospitals and hospital ships	11	89	184	15	25	1	6	23			148	2	45	19	7,133
Total	14	238	229	24	25	1	8	28	146		159	3	66	21	10,471
Tuberculosis of other parts:															
Force afloat		5	1	3					3						80
Stations and yards			1						1						1
Hospitals and hospital ships	2	11	6	3	3		1	1			4		2	5	874
Total	2	16	8	6	3		1	1	4		4		2	5	955
Vaccina (cowpox):															
Force afloat		39		38					1						127
Stations and yards		99	1	98					1					1	524
Hospitals and hospital ships		1	2	3											21
Total		139	3	139					2					1	672
Vaccinia (typhoid):															
Force afloat		11		11											27
Stations and yards		31	2	32					1						79
Hospitals and hospital ships		1	2	2	1										10
Total		43	4	45	1				1						116

Varicella:															
Force afloat	1	19		5					14					1	75
Stations and yards		7		1					6						15
Hospitals and hospital ships	4	2	25	26	4								1		652
Total	5	28	25	32	4				20				1	1	742
Variola:															
Force afloat		3					1		2						3
Stations and yards		4		1					3						22
Hospitals and hospital ships			7	5	1									1	135
Total		7	7	6	1		1		5					1	160
Vincent's angina:															
Force afloat		5		2					2					1	25
Stations and yards		16		14					2						78
Hospitals and hospital ships		3	5	7	1										172
Total		24	5	23	1				4					1	275
Total for class No. 2:															
Force afloat	28	2,714	229	2,031	21		7	4	810		2		73	23	15,365
Stations and yards	25	2,341	180	1,642	19		12	9	798		9	2	13	42	16,655
Hospitals and hospital ships	130	369	1,786	1,490	282	4	38	62			153	13	101	142	52,558
Total	183	5,424	2,196	5,163	322	4	57	75	1,608		164	15	187	207	84,578
CLASS NO. 3.—CONSTITUTIONAL DISORDERS OF NUTRITION.															
SUBCLASS NO. 1.—*General diseases of nutrition.*															
Diabetes insipidus:															
Stations and yards		1							1						12
Hospitals and hospital ships			2	1				1							113
Total		1	2	1				1	1						125
Diabetes mellitus:															
Force afloat		12	4	3					12				1		128
Stations and yards		1	2					1	1					1	38
Hospitals and hospital ships		4	17	3	3		1	7					3	4	692
Total		17	23	6	3		1	8	13				4	5	858
Glycosuria:															
Stations and yards		1							1						1
Hospitals and hospital ships			1	1											6
Total		1	1	1					1						7

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 3.—CONSTITUTIONAL DISORDERS OF NUTRITION—Con.															
SUBCLASS No. 1.—*General diseases of nutrition*—Continued.															
Lithaemia:															
Stations and yards		2	1	3											16
Hospitals and hospital ships		1		1											21
Total		3	1	4											37
Malnutrition:															
Force afloat		1						1							17
Hospitals and hospital ships		3		1				2							46
Total		4		1				3							63
Obesitas:															
Force afloat		1						1							1
Stations and yards		2	1	1					2						83
Hospitals and hospital ships	1		2	1	1			1							92
Total	1	3	3	2	1			2	2						176
Podagra: Stations and yards		1												1	11
Purpura:															
Force afloat		3		1					2						35
Stations and yards		1		1											1
Hospitals and hospital ships		1	2	2	1										90
Total		5	2	4	1				2						120

SUBCLASS NO. 2.—*Diseases of the blood.*															
Anæmia chronica splenica:															
Stations and yards	......	1	3	2	......	....	......	......	1	....	......	1	......	......	123
Hospitals and hospital ships	......	......	1	......	......	....	......	......	......	....	......	......	......	1	4
Total	......	1	4	2	......	....	......	......	1	....	......	1	......	1	127
Anæmia perniciosa:															
Force afloat	1	......	......	......	......	....	1	......	......	....	......	......	......	......	7
Stations and yards	......	1	......	......	......	....	1	......	......	....	......	......	......	......	18
Hospitals and hospital ships	2	......	1	1	......	....	1	1	......	....	......	......	......	......	204
Total	3	1	1	1	......	....	3	1	......	....	......	......	......	......	229
Anæmia simplex:															
Force afloat	......	6	2	2	......	....	......	1	5	....	......	......	......	......	75
Stations and yards	......	5	......	3	......	....	......	......	1	....	......	1	......	......	52
Hospitals and hospital ships	......	......	8	3	3	....	......	......	......	....	......	......	2	......	205
Total	......	11	10	8	3	....	......	1	6	....	......	1	2	......	332
SUBCLASS NO. 3.—*Diseases of the ductless glands.*															
Bronchocele:															
Force afloat	......	6	1	2	......	....	......	......	5	....	......	......	......	......	72
Stations and yards	......	6	1	2	......	....	......	2	2	....	......	......	1	......	7
Hospitals and hospital ships	4	6	9	4	3	....	1	6	......	....	......	......	2	3	1,101
Total	4	18	11	8	3	....	1	8	7	....	......	......	3	3	1,180
Goiter, exophthalmica: Hospitals and hospital ships	......	1	......	......	......	....	......	......	......	....	......	......	......	1	107
Morbus Addisonii: Hospitals and hospital ships	......	1	......	......	......	....	1	......	......	....	......	......	......	......	30
Totals for class No. 3:															
Force afloat	1	29	7	8	......	....	1	3	24	....	......	......	1	......	335
Stations and yards	......	22	8	12	......	....	1	3	9	....	......	2	1	2	362
Hospitals and hospital ships	7	17	43	18	11	....	4	18	......	....	......	......	7	9	2,711
Total	8	68	58	38	11	....	6	24	33	....	......	2	9	11	3,408
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM.															
Aphasia:															
Force afloat	......	4	......	1	1	....	......	2	......	....	......	......	......	......	55
Stations and yards	......	......	1	......	......	....	......	......	......	....	......	......	......	1	69
Hospitals and hospital ships	......	1	1	1	......	....	......	......	......	....	......	1	......	......	59
Total	......	5	2	2	1	....	......	2	......	....	......	1	......	1	183

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Apoplexia:															
Force afloat		2							2						5
Stations and yards		2					1		1						2
Hospitals and hospital ships	1		4		3								2		155
Total	1	4	4		3		1		3				2		162
Atrophia muscularis progressiva: Force afloat		1		1											1
Cephalalgia:															
Force afloat		43	2	36				2	7						152
Stations and yards		12		9				1	2						28
Hospitals and hospital ships	2	3	13	6	3			5					4		624
Total	2	58	15	51	3			8	9				4		804
Chorea:															
Force afloat		2		1					1						2
Hospitals and hospital ships	1		1	1										1	82
Total	1	2	1	2					1					1	84
Dementia:															
Force afloat	1	48	16	2				4	45	5			9		560
Stations and yards		19	4	4					16	2				1	477
Hospitals and hospital ships	6	16	85	11	10			11		48		3	20	4	1,796
Total	7	83	105	17	10			15	61	55		3	29	5	2,833

Epilepsia:															
Force afloat		60	22	23				16	38				5		476
Stations and yards		30	7	8				13	15					1	238
Hospitals and hospital ships	1	11	58	10	3			33					15	9	1,996
Total	1	101	87	41	3			62	53				20	10	2,710
Febris thermica:															
Force afloat		9	1	9					1						55
Stations and yards		2		1					1						3
Hospitals and hospital ships			2	1	1										9
Total		11	3	11	1				2						67
Hemicrania:															
Force afloat		1		1											1
Stations and yards		1	2	2					1						24
Hospitals and hospital ships			1	1											43
Total		2	3	4					1						68
Hemiplegia:															
Force afloat	1	9	1				1		9				1		65
Stations and yards		1							1						36
Hospitals and hospital ships		4	10	4	3		1	1					2	3	864
Total	1	14	11	4	3		2	1	10				3	3	965
Hysteria:															
Force afloat		19	4	5				3	14				1		180
Stations and yards		9	1	4				1	4					1	85
Hospitals and hospital ships	1	5	26	6	8			11				1	4	2	707
Total	1	33	31	15	8			15	18			1	5	3	972
Insania manic-deprimens:															
Force afloat		10	2					1	10				1		232
Stations and yards		4	1		1				3	1					42
Hospitals and hospital ships	2	10	18	1	5			4		16			3	1	513
Total	2	24	21	1	6			5	13	17			4	1	787
Insomnia:															
Force afloat		3		3											18
Stations and yards		3		1					2						5
Hospitals and hospital ships	1		2	2								1			27
Total	1	6	2	6					2			1			50

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Meningitis:															
Force afloat		2	1				1		2						2
Hospitals and hospital ships	1	2	4	1	2		2						2		212
Total	1	4	5	1	2		3		2				2		214
Monoplegia:															
Force afloat		9	2	3					5				3		108
Stations and yards		4	2	1					5						53
Hospitals and hospital ships	2	1	10	5	3			1		1			1	2	651
Total	2	14	14	9	3			1	10	1			4	2	812
Myelitis:															
Force afloat			1						1						1
Stations and yards			1	1											183
Hospitals and hospital ships		1	2									1	1	1	330
Total		1	4	1					1			1	1	1	514
Nausea marina:															
Force afloat		26	3	25					4						69
Hospitals and hospital ships			4		1			2						1	84
Total		26	7	25	1			2	4					1	153
Neuralgia:															
Force afloat		49	8	44					9			1	3		248
Stations and yards		15	3	16										2	170
Hospitals and hospital ships		1	9	8	1									1	490
Total		65	20	68	1				9			1	3	3	908

Neurasthenia:															
Force afloat	1	65	22	17	1			5	55				10		527
Stations and yards		23	21	22	2			2	14			1		3	1,243
Hospitals and hospital ships	8	16	93	47	25			9				10	12	14	3,025
Total	9	104	136	86	28			16	69			11	22	17	4,795
Neuritis:															
Force afloat		26	2	13					15						247
Stations and yards		8	4	4				1	5				1	1	358
Hospitals and hospital ships	2	7	22	13	6			3				1	1	7	1,626
Total	2	41	28	30	6			4	20			1	2	8	2,231
Neuritis multiplex:															
Force afloat		3							3						95
Hospitals and hospital ships			4	1	1								1	1	205
Total		3	4	1	1				3				1	1	300
Neurosis, occupational.															
Force afloat		1							1						1
Hospitals and hospital ships			1											1	8
Total		1	1						1					1	9
Nostalgia:															
Force afloat		2						1	1						2
Hospitals and hospital ships			1	1											5
Total		2	1	1				1	1						7
Edema angeiospasticum: Force afloat		1		1											4
Paralysis agitans: Hospitals and hospital ships	1	1	1	2									1		155
Paralysis glosso-labio-laryngealis:															
Stations and yards		1	1	1										1	49
Hospitals and hospital ships		1	1									2			141
Total		2	2	1								2		1	190
Paranoia:															
Force afloat		3	2						4				1		10
Stations and yards		4	1						3				2		112
Hospitals and hospital ships		1	10	1	3			1		4			2		166
Total		8	13	1	3			1	7	4			5		288

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Meningitis:															
Force afloat		2	1				1		2						2
Hospitals and hospital ships	1	2	4	1	2		2						2		212
Total	1	4	5	1	2		3		2				2		214
Monoplegia:															
Force afloat		9	2	3					5				3		108
Stations and yards		4	2	1					5						53
Hospitals and hospital ships	2	1	10	5	3			1		1			1	2	651
Total	2	14	14	9	3			1	10	1			4	2	812
Myelitis:															
Force afloat			1						1						1
Stations and yards			1	1											183
Hospitals and hospital ships		1	2									1	1	1	330
Total		1	4	1					1			1	1	1	514
Nausea marina:															
Force afloat		26	3	25					4						69
Hospitals and hospital ships			4		1			2						1	84
Total		26	7	25	1			2	4					1	153
Neuralgia:															
Force afloat		49	8	44					9			1	3		248
Stations and yards		15	3	16										2	170
Hospitals and hospital ships		1	9	8	1									1	488
Total		65	20	68	1				9			1	3	3	906

Neurasthenia:															
Force afloat	1	65	22	17	1			5	55				10		527
Stations and yards		23	21	22	2			2	14			1		3	1,243
Hospitals and hospital ships	8	16	93	47	25			9				10	12	14	3,025
Total	9	104	136	86	28			16	69			11	22	17	4,795
Neuritis:															
Force afloat		26	2	13					15						247
Stations and yards		8	4	4				1	5				1	1	358
Hospitals and hospital ships	2	7	22	13	6			3				1	1	7	1,626
Total	2	41	28	30	6			4	20			1	2	8	2,231
Neuritis multiplex:															
Force afloat		3							3						95
Hospitals and hospital ships			4	1	1								1	1	205
Total		3	4	1	1				3				1	1	300
Neurosis, occupational															
Force afloat		1							1						1
Hospitals and hospital ships			1											1	8
Total		1	1						1					1	9
Nostalgia:															
Force afloat		2						1	1						2
Hospitals and hospital ships			1	1											5
Total		2	1	1				1	1						7
Edema angeiospasticum: Force afloat		1		1											4
Paralysis agitans: Hospitals and hospital ships	1	1	1	2									1		155
Paralysis glosso-labio-laryngealis:															
Stations and yards		1	1	1										1	49
Hospitals and hospital ships		1	1									2			141
Total		2	2	1								2		1	190
Paranoia:															
Force afloat		3	2						4				1		10
Stations and yards		4	1						3				2		112
Hospitals and hospital ships		1	10	1	3			1		4			2		166
Total		8	13	1	3			1	7	4			5		288

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 4.—DISEASES OF THE NERVOUS SYSTEM—Continued.															
Paraplegia:															
Force afloat		1							1						1
Stations and yards		1							1						1
Hospitals and hospital ships			3		2									1	134
Total		2	3		2				2					1	136
Prostratio thermica:															
Force afloat		64	2	56	1		1		6				2		177
Stations and yards		3		3											5
Hospitals and hospital ships		1	8	4	3			1					1		148
Total		68	10	63	4		1	1	6				3		330
Psychasthenia:															
Force afloat		21	1	3				3	16						137
Stations and yards		11	1	1				5	5					1	86
Hospitals and hospital ships	4	21	35	14	13			17		3			8	5	1,359
Total	4	53	37	18	13			25	21	3			8	6	1,582
Sciatica:															
Force afloat		18	7	14					8				3		210
Stations and yards	1	12	2	8					7						198
Hospitals and hospital ships	2	2	17	15	1			2					3		1,023
Total	3	32	26	37	1			2	15				6		1,431

Sclerosis spinalis lateralis spastica:		1							1						1
Stations and yards			1	1											19
Hospitals and hospital ships															
Total		1	1	1					1						20
Sclerosis spinalis posterior:															
Force afloat		1							1						1
Hospitals and hospital ships			2		1									1	41
Total		1	2		1				1					1	42
Somnambulismus:															
Force afloat		1						1							18
Stations and yards		1						1							8
Total		2						2							26
Syncope: Force afloat		1		1											4
Torticollis spasmodica:															
Force afloat		6		6											15
Stations and yards		1		1											8
Total		7		7											23
Vertigo:															
Force afloat		17	3	8				3	8				1		148
Stations and yards		8	3	6					5						60
Hospitals and hospital ships	1		14	6	5			2					2		416
Total	1	25	20	20	5			5	13				3		624
Totals for class No. 4—															
Force afloat	3	528	102	273	3		3	41	267	5		1	40		3,825
Stations and yards	1	176	55	93	3		1	24	92	3		1	3	12	3,544
Hospitals and hospital ships	36	105	463	163	103		3	103		72		20	85	55	17,113
Total	40	809	620	529	109		7	168	359	80		22	128	67	24,482
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS.															
Achromatopsia: Stations and yards		1							1						1
Amaurosis:															
Force afloat		4	1						2				2	1	86
Hospitals and hospital ships		2	2		2			2							46

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS—Continued.															
Amblyopia:															
Force afloat		12	2	3				1	10						53
Stations and yards		3		2					1						23
Hospitals and hospital ships	1	2	14	6	3			3					2	3	520
Total	1	17	16	11	3			4	11				2	3	596
Asthenopia:															
Force afloat		14	2	4				2	9				1		62
Stations and yards		6	6	2	1			3	6						313
Hospitals and hospital ships	1	1	18	10	3			3				2	2		492
Total	1	21	26	16	4			8	15			2	3		867
Astigmatismus:															
Force afloat		30	10	14				4	19				3		128
Stations and yards		9	4	8				5							59
Hospitals and hospital ships	4	13	20	20	5			8					2	2	730
Total	4	52	34	42	5			17	19				5	2	917
Blepharitis:															
Force afloat		1		1											1
Stations and yards		2		1					1						4
Hospitals and hospital ships			1		1										10
Total		3	1	2	1				1						15

Cataracta:															
Force afloat		5	1					2	4						26
Hospitals and hospital ships	1	1	5	2				3					1	1	303
Total	1	6	6	2				5	4				1	1	329
Chalazion:															
Force afloat		2		1					1						2
Stations and yards		1		1											1
Hospitals and hospital ships			3	2	1										61
Total		3	3	4	1				1						64
Choroiditis:															
Force afloat		5	1	1					5						26
Stations and yards		3	1	2					2						93
Hospitals and hospital ships	2	1	7	4				3					2	1	663
Total	2	9	9	7				3	7				2	1	782
Conjunctivitis:															
Force afloat	2	126	6	110	1				21				1	1	621
Stations and yards	1	66	10	64					12					1	366
Hospitals and hospital ships	7	13	36	41	5			2					2	6	1,029
Total	10	205	52	215	6			2	33				3	8	2,016
Corneae ulcus:															
Force afloat		32	3	21					12				2		151
Stations and yards		2	2	3										1	51
Hospitals and hospital ships	2		16	14	1								3		807
Total	2	34	21	38	1				12				5	1	1,009
Dacryocystitis:															
Force afloat		2		1					1						4
Hospitals and hospital ships			2	1	1										30
Total		2	2	2	1				1						34
Detached retina:															
Stations and yards			1					1							0
Hospitals and hospital ships		1											1		69
Total		1	1					1					1		69
Ectropium:															
Force afloat		1	1					1	1						10
Stations and yards		1							1						1
Hospitals and hospital ships			2	1										1	37
Total		2	3	1				1	2					1	48

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 5.—DISEASES OF THE VISUAL APPARATUS—Continued.															
Glaucoma:															
Force afloat		3		1					2						12
Hospitals and hospital ships		1	4	1	1			1					2		86
Total		4	4	2	1			1	2				2		98
Hordeolus:															
Force afloat		5		5											16
Stations and yards		4		4											13
Total		9		9											29
Hypermetropia:															
Force afloat	1	12	1	5	1			1	7						89
Stations and yards		14	1	12				2						1	53
Hospitals and hospital ships		2	8	5	2			3							276
Total	1	28	10	22	3			6	7					1	418
Hyperopia: Hospitals and hospital ships		1	1	1	1										42
Hyperphoria: Force afloat		1		1											1
Iritis:															
Force afloat	3	34	8	17	2				23				2	1	354
Stations and yards		10	2	5					6					1	137
Hospitals and hospital ships	2	5	31	19	6			1				1	4	7	1,091
Total	5	49	41	41	8			1	29			1	6	9	1,582

Keratitis:															
Force afloat		14	1	6					8					1	77
Stations and yards	1	1		2											40
Hospitals and hospital ships	2	1	8	7				2					1	1	639
Total	3	16	9	15				2	8				1	2	756
Leucoma:															
Force afloat			1											1	3
Stations and yards		1	1	1									1		44
Hospitals and hospital ships		1						1							14
Total		2	2	1				1					1	1	61
Mydriasis: Stations and yards		1		1											7
Myopia:															
Force afloat		17	2	3				3	13						75
Stations and yards		13	1	11				1	2						56
Hospitals and hospital ships		3	16	10	5			3						1	601
Total		33	19	24	5			7	15					1	732
Neuritis optica:															
Force afloat		6	5	1					10						72
Stations and yards	1	1	6	1					4					3	360
Hospitals and hospital ships	2	4	15	7	1			6				3	3	1	1,399
Total	3	11	26	9	1			6	14			3	3	4	1,831
Obstructio lacrimalis: Hospitals and hospital ships	1		1	2											110
Presbyopia: Stations and yards			1	1											3
Pterygium:															
Force afloat		26	4	8					19				3		94
Stations and yards		11	2	6				1	6						101
Hospitals and hospital ships		10	27	33									2	2	1,105
Total		47	33	47				1	25				5	2	1,300
Ptosis: Stations and yards		1		1											21
Retinitis:															
Force afloat	1	9	2	2				1	9						68
Stations and yards	1	1	3	2					2				1		392
Hospitals and hospital ships	1	3	15	8	2			2				3	1	3	767
Total	3	13	20	12	2			3	11			3	2	3	1,227

Diagnosis.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
Class No. 5.—Diseases of the Visual Apparatus—Continued.															
Sclerotitis:															
Force afloat		1							1						7
Stations and yards		1		1											24
Hospitals and hospital ships		1	1		1									1	47
Total		3	1	1	1				1					1	78
Strabismus:															
Force afloat		3		2					1						7
Stations and yards		1							1						18
Hospitals and hospital ships	2	1	2	3				1						1	228
Total	2	5	2	5				1	2					1	253
Synechia:															
Stations and yards		2		1					1						6
Hospitals and hospital ships			1											1	22
Total		2	1	1					1					1	28
Trachoma:															
Force afloat		2	2						3				1		12
Hospitals and hospital ships		1	3	1	3										193
Total		3	5	1	3				3				1		205
Totals for class No. 5:															
Force afloat	7	367	53	207	4			15	181				15	5	2,057
Stations and yards	4	156	41	132	1			13	46				2	7	2,187
Hospitals and hospital ships	28	68	259	198	44			44				9	28	32	11,417
Total	39	591	353	537	49			72	227			9	45	44	15,661

CLASS No. 6.—DISEASES OF THE AUDITORY APPARATUS.															
Hemorrhage (into labyrinth): Force afloat		1		1											1
Mastoiditis:															
Force afloat	2	11	3	5					10				1		102
Stations and yards		3							3						3
Hospitals and hospital ships	1	3	15	8	4		1	2					3	1	697
Total	3	17	18	13	4		1	2	13				4	1	802
Membranae tympani ruptio:															
Force afloat		16		14					2						30
Stations and yards	1	6	2	7				1	1						28
Hospitals and hospital ships	1		3	2				1						1	80
Total	2	22	5	23				2	3					1	138
Myringitis:															
Force afloat		1							1						1
Stations and yards		4		4											23
Hospitals and hospital ships			1		1										11
Total		5	1	4	1				1						35
Otalgia:															
Force afloat		2		2											10
Stations and yards		1		1											4
Total		3		3											14
Otitis externa:															
Force afloat		57	5	49				1	12						228
Stations and yards		21	1	18	1				3						101
Hospitals and hospital ships	1	3	16	13	3			1					1	2	384
Total	1	81	22	80	4			1	15				1	2	713
Otitis media:															
Force afloat	1	219	31	104	2			30	108				5	2	851
Stations and yards	1	114	13	52				12	62				1	1	679
Hospitals and hospital ships	22	20	185	129	11			47					18	22	8,068
Total	24	353	229	285	13			89	170				24	25	9,598
Surditas:															
Force afloat		29	2	6				4	21						100

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 6.—DISEASES OF THE AUDITORY APPARATUS—Contd.															
Vertigo auralis:															
Force afloat		2		2											10
Hospitals and hospital ships			1		1										7
Total		2	1	2	1										17
Totals for class No. 6:															
Force afloat	3	338	41	183	2			35	154				6	2	1,333
Stations and yards	2	158	19	83	1			15	78				1	1	852
Hospitals and hospital ships	32	31	257	170	22		1	64					28	35	10,915
Total	37	527	317	436	25		1	114	232				35	38	13,100
CLASS NO. 7.—DISEASES OF THE OLFACTORY APPARATUS.															
Antri abscessus:															
Force afloat		2	2	2					1					1	11
Stations and yards		2		1					1						7
Hospitals and hospital ships	1	1	2	1				1					1	1	359
Total	1	5	4	4				1	2				1	2	377
Catarrhus æstivus:															
Force afloat		1							1						5
Hospitals and hospital ships			1	1											20
Total		1	1	1					1						25
Obstructio nares: Force afloat		1							1						1

Polypus (nasal):															
Force afloat		2							2						6
Stations and yards		1		1											11
Hospitals and hospital ships			2	1										1	19
Total		3	2	2					2					1	36
Rhinitis acuta:															
Force afloat		20		19					1						79
Stations and yards		31		29					2						115
Hospitals and hospital ships		1	3	3	1										103
Total		52	3	51	1				3						297
Rhinitis chronica:															
Force afloat		22		5					17						29
Stations and yards		11	1	4					8						26
Hospitals and hospital ships	5	7	27	28	1			5						5	1,216
Total	5	40	28	37	1			5	25					5	1,271
Sinusitis (ethmoidal): Hospitals and hospital ships	1			1											24
Sinusitis (frontal):															
Force afloat		8	1	3					6						42
Hospitals and hospital ships	1	3	8	4	2			1					3	2	731
Total	1	11	9	7	2			1	6				3	2	773
Total for class No. 7:															
Force afloat		56	3	29					29					1	173
Stations and yards		45	1	35					11						159
Hospitals and hospital ships	8	12	43	39	4			7					4	9	2,472
Total	8	113	47	103	4			7	40				4	10	2,804
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS.															
SUBCLASS NO. 1.—*Diseases of the digestive system.*															
Adenitis salivosa:															
Force afloat		6		2					4						34
Hospitals and hospital ships			3	1	2										80
Total		6	3	3	2				4						114
Ani prolapsio:															
Force afloat		4	1					1	4						19
Stations and yards		1		1											4
Hospitals and hospital ships			4	4											124
Total		5	5	5				1	4						147

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS NO. 1.—*Diseases of the digestive system*—Continued.															
Ani rhagades:															
Stations and yards	......	1	......	......	......	...	......	......	1	...	......	......	......	......	1
Hospitals and hospital ships	1	1	......	2	......	...	......	......	......	...	......	......	......	......	26
Total	1	2	......	2	......	...	......	......	1	...	......	......	......	......	27
Appendicitis:															
Force afloat	5	399	54	133	3	...	1	......	303	...	......	......	15	3	2,370
Stations and yards	1	133	49	72	......	...	1	......	102	...	......	......	5	3	1,961
Hospitals and hospital ships	31	76	426	412	49	1	1	3	......	...	......	23	17	27	17,420
Total	37	608	529	617	52	1	3	3	405	...	......	23	37	33	21,751
Catarrhus gastricus acutus:															
Force afloat	......	118	4	103	1	...	1	......	17	...	......	......	......	......	476
Stations and yards	......	81	3	72	1	...	......	......	10	...	......	......	......	1	217
Hospitals and hospital ships	2	10	29	35	5	...	......	......	......	...	......	......	1	......	942
Total	2	209	36	210	7	...	1	......	27	...	......	......	1	1	1,635
Catarrhus gastricus chronicus:															
Force afloat	......	46	9	17	......	1	......	......	36	...	......	......	......	1	435
Stations and yards	......	18	4	7	......	...	......	......	15	...	......	......	......	......	180
Hospitals and hospital ships	6	7	60	42	14	...	......	5	......	...	......	......	6	6	2,789
Total	6	71	73	66	14	1	......	5	51	...	......	......	6	7	3,404

Catarrhus intestinalis acutus:															
Force afloat	1	189	2	185	2				5						668
Stations and yards		97	1	80	1				13					4	485
Hospitals and hospital ships	2	21	26	35	12			1						1	474
Total	3	307	29	300	15			1	18					5	1,577
Catarrhus intestinalis chronicus:															
Force afloat		2							2						5
Stations and yards		1							1						1
Hospitals and hospital ships		1	4	2	1	1							1		110
Total		4	4	2	1	1			3				1		116
Cholangeitis:															
Force afloat		86	3	60	1		1		23				2	2	745
Stations and yards		24	2	11					15						141
Hospitals and hospital ships		6	40	38	7									1	1,109
Total		116	45	109	8		1		38				2	3	1,995
Cholecystitis:															
Force afloat		22		10					12						163
Stations and yards		11	2	6					6					1	110
Hospitals and hospital ships	3	1	19	15	5			1				1	1		1,069
Total	3	34	21	31	5			1	18			1	1	1	1,342
Cholelithiasis:															
Force afloat		12		6					5				1		79
Stations and yards		3	6	2					7						13
Hospitals and hospital ships	2		16	13	4									1	317
Total	2	15	22	21	4				12				1	1	409
Colica:															
Force afloat		117	4	106	1				11				3		303
Stations and yards		39	4	35					8						89
Hospitals and hospital ships		3	22	18	7										304
Total		159	30	159	8				19				3		696
Colitis:															
Force afloat		7	2	6					3						95
Stations and yards	1	5		4					2						37
Hospitals and hospital ships		2	7	5	1								2	1	251
Total	1	14	9	15	1				5				2	1	383

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS No. 1—*Diseases of the digestive system*—Continued.															
Constipatio:															
Force afloat		91	2	79	1			1	10				2		269
Stations and yards	1	29	3	20	3			1	9						125
Hospitals and hospital ships		4	21	20	3			1						1	393
Total	1	124	26	119	7			3	19				2	1	787
Dentis caries:															
Force afloat		16		7				2	7						59
Stations and yards		8		4				2	2						27
Hospitals and hospital ships		2	8	10											81
Total		26	8	21				4	9						167
Dyspepsia nervosa:															
Force afloat		4							4						19
Stations and yards		3		1					2						9
Hospitals and hospital ships			7	3	4										219
Total		7	7	4	4				6						247
Enteritis:															
Force afloat		95		88	1				5					1	314
Stations and yards		17	3	14					6						61
Hospitals and hospital ships	1	7	12	14	4			1						1	401
Total	1	119	15	116	5			1	11					2	776

Enteroptosis:															
Force afloat			2	1					1						21
Hospitals and hospital ships		1	2		1								1	1	31
Total		1	4	1	1				1				1	1	52
Fistula (appendicular): Hospitals and hospital ships		1		1											18
Fistula in ano:															
Force afloat		32	5	13					22				2		257
Stations and yards		12	1	4					9						82
Hospitals and hospital ships	3	6	36	33	1	1		2					2	6	2.037
Total	3	50	42	50	1	1		2	31				4	6	2,376
Gastralgia:															
Force afloat		3							2				1		3
Stations and yards		2	2	3										1	68
Hospitals and hospital ships	1		3	3								1			248
Total	1	5	5	6					2			1	1	1	319
Gastrectasis:															
Force afloat		1	1	1					1						13
Stations and yards			1	1											92
Hospitals and hospital ships			2	1								1			40
Total		1	4	3					1			1			145
Gastroptosis: Hospitals and hospital ships	1			1											5
Gingivitis:															
Force afloat		2		1					1						8
Hospitals and hospital ships			2		1									1	69
Total		2	2	1	1				1					1	77
Glossitis:															
Force afloat		1	1	1					1						19
Hospitals and hospital ships			1		1										1
Total		1	2	1	1				1						20
Hematemesis:															
Stations and yards		1							1						36
Hospitals and hospital ships		1	1	1									1		21
Total		2	1	1					1				1		57

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 3.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS No. 1.—*Diseases of the digestive system*—Continued.															
Hemorrhoids:															
Force afloat	1	218	12	72					144				15		729
Stations and yards		80	16	35					60					1	405
Hospitals and hospital ships	12	20	211	195	21							2	6	19	6,630
Total	13	318	239	302	21				204			2	21	20	7,764
Hepatis congestio:															
Force afloat		12		10					2						87
Stations and yards		4		2					2						14
Hospitals and hospital ships		1	4	4	1										62
Total		17	4	16	1				4						163
Hepatitis acuta:															
Force afloat		11		7					3				1		74
Stations and yards		7		5					2						63
Hospitals and hospital ships		1	4	3	2										138
Total		19	4	15	2				5				1		275
Hepatitis chronica:															
Stations and yards		1	3				1		3						4
Hospitals and hospital ships		1	3	3										1	99
Total		2	6	3			1		3					1	103

Hepatitis suppurativa:															
Force afloat		2							2						50
Hospitals and hospital ships		1	4	3									2		320
Total		3	4	3					2				2		370
Hypertrophia tonsillaris:															
Force afloat		38	2	7				1	32						95
Stations and yards		17	1	4					14						38
Hospitals and hospital ships	2	19	48	58	7								1	3	1,577
Total	2	74	51	69	7			1	46				1	3	1,710
Obstructio intestinalis:															
Force afloat		4		1			1		2						13
Stations and yards		3			1				2						6
Hospitals and hospital ships		2	7	4	3								1	1	405
Total		9	7	5	4		1		4				1	1	424
Pancreatitis:															
Force afloat		3		2					1						28
Stations and yards		1										1			67
Hospitals and hospital ships	1		1	2											127
Total	1	4	1	4					1			1			222
Peritonitis:															
Force afloat		1		1											30
Stations and yards		2					1		1						1
Hospitals and hospital ships	1	3	2	1	2		3								141
Total	1	6	2	2	2		4		1						172
Pharyngitis:															
Force afloat		25		23					2						88
Stations and yards		36	1	34					3						141
Hospitals and hospital ships		8	7	12	1			1						1	111
Total		69	8	69	1			1	5					1	340
Proctitis:															
Force afloat		4		2					2						23
Stations and yards		1		1											11
Hospitals and hospital ships		1	1	2											76
Total		6	1	5					2						110

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS NO. 1—*Diseases of the digestive system*—Continued.															
Pyorrhoea alveolaris:															
Force afloat		7		4					3						7
Hospitals and hospital ships		1	3	4											31
Total		8	3	8					3						38
Stomatitis:															
Force afloat		2		2											16
Stations and yards		4		1					3						12
Hospitals and hospital ships		1	5	4	2										46
Total		7	5	7	2				3						74
Tonsillitis:															
Force afloat	18	2,501	66	2,474	13				59				18	15	9,881
Stations and yards	5	858	28	779	5		1		103					9	3,511
Hospitals and hospital ships	13	60	244	246	51	3		1					1	15	4,723
Total	36	3,419	338	3,499	69	3	1	1	162				19	39	18,115
Ulcus duodenum:															
Stations and yards			2						2						5
Hospitals and hospital ships	2	5	2	6	1		1						1		374
Total	2	5	4	6	1		1		2				1		379

Ulcus gastricum:															
Force afloat		11	3	3					10				1		144
Stations and yards		5	3	1					5			1	1		227
Hospitals and hospital ships	2	5	14	12				2					1	6	1,097
Total	2	21	20	16				2	15			1	3	6	1,468
Total for subclass No. 1:															
Force afloat	25	4,092	173	3,427	23	1	4	5	741				61	28	17,639
Stations and yards	8	1,505	135	1,199	11		4	3	409			2	6	14	8,194
Hospitals and hospital ships	86	279	1,311	1,268	213	6	5	18				28	45	93	44,536
Total	119	5,876	1,619	5,894	247	7	13	26	1,150			30	112	135	70,369
SUBCLASS NO. 2.—*Diseases of the circulatory system.*															
A—BLOOD VESSELS.															
Aneurysma:															
Force afloat		4	2						5				1		91
Stations and yards		1					1								1
Hospitals and hospital ships		1	5	2	3									1	387
Total		6	7	2	3		1		5				1	1	479
Angina pectoris:															
Force afloat		3		1			1		1						3
Stations and yards		2	1	1					2						100
Hospitals and hospital ships			3		1			1				1			227
Total		5	4	2	1		1	1	3			1			330
Arteriosclerosis:															
Force afloat		2							2						19
Stations and yards		5		3					2						72
Hospitals and hospital ships		3	7	5	1			1					3		489
Total		10	7	8	1			1	4				3		580
Cordis dilatatio:															
Force afloat		3					2	1							21
Stations and yards		3		2			1								26
Hospitals and hospital ships	1	1		1			1								80
Total	1	7		3			4	1							127
Cordis hypertrophia:															
Force afloat		3						1	2						27
Stations and yards			1	1											122
Hospitals and hospital ships			2		1			1							45
Total		3	3	1	1			2	2						194

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS NO. 2.—*Diseases of the circulatory system*—Continued.															
A—BLOOD VESSELS—continued.															
Cordis palpitatio:															
Force afloat		31	13	25				2	14				3		276
Stations and yards	1	15	2	8				5	5						88
Hospitals and hospital ships	6	2	21	14	2			9					2	2	658
Total	7	48	36	47	2			16	19				5	2	1,022
Cordis valvularum morbus:															
Force afloat		55	13	19			1	19	23				5	1	320
Stations and yards		30	4	8			2	14	10						108
Hospitals and hospital ships	5	21	41	16	3		2	28					16	2	2,965
Total	5	106	58	43	3		5	61	33				21	3	3,393
Embolisms: Force afloat		1					1								1
Endocarditis:															
Force afloat	1	4	4	2					7						66
Stations and yards		2					1	1							2
Hospitals and hospital ships	1	3	7	3	2		2					1	1	2	262
Total	2	9	11	5	2		3	1	7			1	1	2	330
Hemorrhage (cerebral):															
Stations and yards		1							1						1
Hospitals and hospital ships			1	1											99
Total		1	1	1					1						100

Myocarditis:															
Force afloat	......	3	......	1	......	....	1	......	1	....	......	......	......	......	16
Hospitals and hospital ships	1	......	2	......	......	....	1	......	......	....	......	......	1	1	91
Total	1	3	2	1	......	....	2	......	1	....	......	......	1	1	107
Pericarditis:															
Stations and yards	......	1	......	......	......	....	......	......	1	....	......	......	......	......	1
Hospitals and hospital ships	1	1	1	1	1	....	......	......	......	....	......	......	1	......	22
Total	1	2	1	1	1	....	......	......	1	....	......	......	1	......	23
Phlebitis:															
Force afloat	......	3	......	3	......	....	......	......	......	....	......	......	......	......	32
Stations and yards	......	3	......	2	......	....	......	......	1	....	......	......	......	......	69
Hospitals and hospital ships	......	1	1	1	......	....	......	......	......	....	......	......	......	1	134
Total	......	7	1	6	......	....	......	......	1	....	......	......	......	1	235
Tachycardia:															
Force afloat	......	3	......	2	......	....	......	......	1	....	......	......	......	......	7
Stations and yards	......	2	......	......	......	....	......	......	2	....	......	......	......	......	2
Hospitals and hospital ships	......	......	3	2	......	....	......	1	......	....	......	......	......	......	126
Total	......	5	3	4	......	....	......	1	3	....	......	......	......	......	135
Thrombosis:															
Force afloat	......	4	1	1	......	....	1	......	3	....	......	......	......	......	10
Stations and yards	......	1	......	......	......	....	......	......	1	....	......	......	......	......	26
Hospitals and hospital ships	......	......	5	2	2	....	......	1	......	....	......	......	......	......	135
Total	......	5	6	3	2	....	1	1	4	....	......	......	......	......	171
Varix:															
Force afloat	......	46	5	11	......	....	......	......	38	....	......	......	1	1	175
Stations and yards	......	19	3	5	......	....	......	1	16	....	......	......	......	......	75
Hospitals and hospital ships	7	5	55	48	6	....	......	2	......	....	......	......	2	9	2,587
Total	7	70	63	64	6	....	......	3	54	....	......	......	3	10	2,837
Totals for subclass No. 2*a* (blood vessels):															
Force afloat	1	165	38	65	......	....	7	23	97	....	......	......	10	2	1,064
Stations and yards	1	85	11	30	......	....	5	21	41	....	......	......	......	......	693
Hospitals and hospital ships	22	38	154	96	22	....	6	44	......	....	......	2	26	18	8,307
Total	24	288	203	191	22	....	18	88	138	....	......	2	36	20	10,064

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS No. 2.—*Diseases of the circulatory system*—Continued.															
B—LYMPHATICS.															
Lymphadenitis:															
Force afloat	4	206	20	143	3				67				10	7	2,318
Stations and yards	2	54	18	36	2				29				2	5	788
Hospitals and hospital ships	14	10	100	78	19	1		4					12	10	4,644
Total	20	270	138	257	24	1		4	96				24	22	7,750
Lymphangitis:															
Force afloat		12	4	13					2					1	124
Stations and yards		6		5					1						35
Hospitals and hospital ships	1	1	2	3										1	94
Total	1	19	6	21					3					2	253
Status lymphaticus: Force afloat		1					1								1
Totals for subclass No. 2b (lymphatics):															
Force afloat	4	219	24	156	3		1		69				10	8	2,443
Stations and yards	2	60	18	41	2				30				2	5	823
Hospitals and hospital ships	15	11	102	81	19	1		4					12	11	4,738
Total	21	290	144	278	24	1	1	4	99				24	24	8,004
SUBCLASS No. 3.—*Diseases of the respiratory system.*															
Asthma:															
Force afloat		22	6	11			1		16						153
Stations and yards		8	3	5				1	3				1	1	121
Hospitals and hospital ships		3	22	14	1			6					4		1,206
Total		33	31	30	1		1	7	19				5	1	1,480

Bronchopneumonitis:															
Force afloat	1	18	1	8	1		2		8				1		138
Stations and yards		18		3					15						103
Hospitals and hospital ships	2	7	25	25	6		1						1	1	1,252
Total	3	43	26	36	7		3		23				2	1	1,493
Bronchitis acuta:															
Force afloat	2	404	9	364	4				42				2	3	2,131
Stations and yards	3	384	7	339	9				42				1	3	2,127
Hospitals and hospital ships	4	18	96	73	35			1						9	2,535
Total	9	806	112	776	48			1	84				3	15	6,793
Bronchitis chronica:															
Force afloat:	3	65	24	23					59			1	7	2	674
Stations and yards		49	8	9	1			2	44					1	534
Hospitals and hospital ships	15	33	127	81	45	3		19				1	13	13	5,491
Total	18	147	159	113	46	3		21	103			2	20	16	6,699
Congestio pulmonalis:															
Force afloat		1							1						1
Hospitals and hospital ships			2	1	1										12
Total		1	2	1	1				1						13
Edema pulmonalis:															
Force afloat		1							1						1
Hospitals and hospital ships			1	1											14
Total		1	1	1					1						15
Emphysema pulmonalis:															
Force afloat		1	3	1					3						14
Hospitals and hospital ships		1	3	3				1							200
Total		2	6	4				1	3						214
Hemoptysis:															
Force afloat		3		1					2						12
Stations and yards		2							2						41
Hospitals and hospital ships			4	2	2										42
Total		5	4	3	2				4						95
Laryngitis acuta:															
Force afloat	1	29		24					5					1	232
Stations and yards	1	46	1	36	2				10						270
Hospitals and hospital ships	1	4	18	12	6								2	3	473

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 8.—DISEASES OF THE NUTRITIVE APPARATUS—Contd.															
SUBCLASS NO. 3.—*Diseases of the respiratory system*—Continued.															
Laryngitis chronica:															
Force afloat		4	2	1					5						6
Stations and yards		1	2	3											34
Hospitals and hospital ships		2	7	3	1			4					1		406
Total		7	11	7	1			4	5				1		446
Pleuritis acuta:															
Force afloat	2	76	7	43	2				37				2	1	604
Stations and yards	3	22	1	13					12					1	342
Hospitals and hospital ships	6	10	61	42	22			1				1	5	6	2,268
Total	11	108	69	98	24			1	49			1	7	8	3,214
Pleuritis chronica:															
Force afloat	1	13	3	6				2	8				1		91
Stations and yards		2	1	1				1	1						33
Hospitals and hospital ships	5	5	8	11	1			1			1		3	1	630
Total	6	20	12	18	1			4	9		1		4	1	754
Pleuritis purulenta:															
Force afloat		2	1						3						16
Stations and yards		1	2						2					1	171
Hospitals and hospital ships	9	10	6	10	2		4	1				1		7	2,211
Total	9	13	9	10	2		4	1	5			1		8	2,398

Pulmonary fibrosis:															
Stations and yards		1							1						1
Hospitals and hospital ships			1	1											7
Total		1	1	1					1						8
Totals for subclass No. 3:															
Force afloat	10	639	56	482	7		3	2	190			1	13	7	4,073
Stations and yards	7	534	25	409	12			4	132				2	7	3,777
Hospitals and hospital ships	42	93	381	279	112	3	5	34			1	3	29	40	16,747
Total	59	1,266	462	1,170	131	3	8	40	322		1	4	44	54	24,597
Totals for class No. 8:															
Force afloat	40	5,115	291	4,130	33	1	15	30	1,097			1	94	45	25,219
Stations and yards	18	2,184	189	1,679	25		9	28	612			2	10	26	13,487
Hospitals and hospital ships	165	421	1,948	1,724	376	10	16	100			1	33	112	162	74,328
Total	223	7,720	2,428	7,533	434	11	40	158	1,709		1	36	216	233	113,034
CLASS NO. 9.—DISEASES OF THE ORGANS OF LOCOMOTION.															
Ankylosis:															
Force afloat		6	2	3				1	4						47
Stations and yards		6		2				1	3						72
Hospitals and hospital ships		1	7	5				2						1	316
Total		13	9	10				4	7					1	435
Arthritis:															
Force afloat	1	73	10	43	2			1	29				5	4	606
Stations and yards	1	21	2	10	1			2	11						137
Hospitals and hospital ships	8	11	48	25	16			14					3	9	3,191
Total	10	105	60	78	19			17	40				8	13	3,934
Arthritis deformans:															
Stations and yards		1	1						2						6
Hospitals and hospital ships		1						1							26
Total		2	1					1	2						32
Bursitis:															
Force afloat		37	4	28	1				12						430
Stations and yards		19	6	11				3	11						79
Hospitals and hospital ships	3	3	24	18	5			1					4	2	1,108
Total	3	59	34	57	6			4	23				4	2	1,617

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 9.—DISEASES OF THE ORGANS OF LOCOMOTION—Con.															
Caries:															
Force afloat		1							1						55
Stations and yards		1							1						1
Hospitals and hospital ships	1		2	2										1	172
Total	1	2	2	2					2					1	228
Contractura:															
Force afloat		7	1	1				3	4						62
Hospitals and hospital ships	1	2	4	3				2						2	219
Total	1	9	5	4				5	4					2	281
Ganglion:															
Force afloat	1	3		4											50
Stations and yards		2		1					1						12
Hospitals and hospital ships	2	1	1	4											119
Total	3	6	1	9					1						181
Gangraena: Force afloat		1		1											7
Morbus coxæ:															
Force afloat		1	1						2						59
Stations and yards		1							1						1
Hospitals and hospital ships			5	1	1			1					2		194
Total		2	6	1	1			1	3				2		254

Myalgia acuta:															
Force afloat	3	191	9	179	1				19				3	1	1,078
Stations and yards	1	69	6	67	1				8						400
Hospitals and hospital ships	2	9	33	32	8								2	2	958
Total	6	269	48	278	10				27				5	3	2,431
Myalgia chronica:															
Force afloat	1	23	2	10	1				14				1		169
Stations and yards		17	3	6	1			2	8				1	2	375
Hospitals and hospital ships	2	3	27	16	5			5					1	5	1,025
Total	3	43	32	32	7			7	22				3	7	1,569
Necrosis:															
Force afloat		5		2					3						35
Hospitals and hospital ships	1	2	3	4	1						1				387
Total	1	7	3	6	1				3		1				422
Osteitis:															
Force afloat		7	2	6					2				1		36
Stations and yards		3							3						18
Hospitals and hospital ships	1	1	6	7				1							255
Total	1	11	8	13				1	5				1		309
Osteomyelitis:															
Force afloat		1	1					1	1						2
Hospitals and hospital ships	1	2	1		2								1	1	445
Total	1	3	2		2			1	1				1	1	447
Periostitis:															
Force afloat	2	23	3	19					7				2		215
Stations and yards		11	3	9					5						114
Hospitals and hospital ships	1	5	17	13	4			1					3	2	996
Total	3	39	23	41	4			1	12				5	2	1,325
Pes planus:															
Force afloat	3	98	28	29				31	55				13	1	888
Stations and yards	1	62	15	17	1	1		37	21				1		661
Hospitals and hospital ships	8	21	87	22	3			52					24	15	3,474
Total	12	181	130	68	4	1		120	76				38	16	5,023

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.	Continued to next year.	Total number of sick days.
CLASS NO. 9.—DISEASES OF THE ORGANS OF LOCOMOTION—Con.															
Synovitis:															
Force afloat	2	70	14	59	1	.....	.....	1	23	.....	.....	.....	1	1	699
Stations and yards	.....	34	10	27	.....	.....	.....	.....	14	.....	.....	.....	1	2	397
Hospitals and hospital ships	3	4	47	21	14	.....	.....	3	.....	.....	.....	.....	9	7	1,913
Total	5	108	71	107	15	.....	.....	4	37	.....	.....	.....	11	10	3,009
Thecitis: Force afloat	.....	13	.....	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	141
Totals for class No. 9:															
Force afloat	13	560	77	397	6	.....	.....	38	176	.....	.....	.....	26	7	4,574
Stations and yards	3	247	46	150	4	1	.....	45	89	.....	.....	.....	3	4	2,273
Hospitals and hospital ships	34	66	312	173	59	.....	.....	83	.....	.....	1	.....	49	47	14,798
Total	50	873	435	720	69	1	.....	166	265	.....	1	.....	78	58	21,645
CLASS NO. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE.															
Abscessus:															
Force afloat	9	654	20	605	5	.....	.....	.....	66	.....	.....	.....	4	3	4,576
Stations and yards	.....	177	14	140	1	.....	1	.....	44	.....	.....	.....	3	2	1,328
Hospitals and hospital ships	14	28	121	108	21	.....	6	.....	.....	.....	.....	2	6	20	6,636
Total	23	859	155	858	27	.....	7	.....	110	.....	.....	2	13	25	11,540
Acne:															
Force afloat	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	24
Hospitals and hospital ships	.....	4	.....	8	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	137
Total	.....	6	.....	5	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	161
Alopecia: Force afloat	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1

Asteatosis:															
Force afloat		1							1						1
Hospitals and hospital ships			1	1											50
Total		1	1	1					1						51
Carbunculus:															
Force afloat	1	20	1	19					2				1		172
Stations and yards		17	1	16					1					1	117
Hospitals and hospital ships		3	3	2									1	3	107
Total	1	40	5	37					3				2	4	396
Cellulitis:															
Force afloat	1	112	3	98	1				13				3	1	778
Stations and yards		46	4	39					8					3	356
Hospitals and hospital ships	1	16	22	27	4		1						2	5	653
Total	2	174	29	164	5		1		21				5	9	1,787
Clavus:															
Force afloat		12	1	11					2						106
Stations and yards		11	1	8				3						1	141
Hospitals and hospital ships			2	1	1										89
Total		23	4	20	1			3	2					1	336
Cutis fissuræ:															
Force afloat		1							1						1
Hospitals and hospital ships		1	1	1										1	128
Total		2	1	1					1					1	129
Dermatitis venenata:															
Force afloat		25	3	26					2						171
Stations and yards		14		12					2						98
Hospitals and hospital ships	2	2	5	7	1									1	462
Total	2	41	8	45	1				4					1	731
Dysidrosis: Force afloat		1		1											33
Ecthyma: Hospitals and hospital ships		1		1											13
Eczema:															
Force afloat		37	6	25					17				1		358
Stations and yards	2	17	5	11				1	12						149
Hospitals and hospital ships	2	4	31	24	2	1		5					2	3	1,476
Total	4	58	42	60	2	1		6	29				3	3	1,983

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Emphysema (eyelid):															
Force afloat		1							1						1
Hospitals and hospital ships			1	1											19
Total		1	1	1					1						20
Erythema:															
Force afloat	1	6		4	1				2						41
Stations and yards		6		5					1						43
Hospitals and hospital ships	3	2	3	7	1										133
Total	4	14	3	16	2				3						217
Favus: Force afloat		2	1	3											10
Fistula:															
Abdominal—															
Stations and yards		1							1						1
Hospitals and hospital ships			1	1											23
Total		1	1	1					1						24
Branchial—															
Force afloat		1							1						1
Hospitals and hospital ships		1	1	2											120
Total		2	1	2					1						121
Sacral: Force afloat		1		1											4

Scrotal—															
Force afloat		1							1						[illegible]
Hospitals and hospital ships			1	1											39
Total		1	1	1					1						40
Furunculus:															
Force afloat		252	15	256	1				9				1		1,361
Stations and yards	1	99	3	85					17					1	472
Hospitals and hospital ships	3	1	28	25	2								2	3	817
Total	4	352	46	366	3				26				3	4	2,650
Herpes simplex:															
Force afloat		5		4					1						12
Stations and yards		4		3					1						22
Hospitals and hospital ships		2	2	3	1										54
Total		11	2	10	1				2						88
Herpes zoster:															
Force afloat	1	25	1	26					1						177
Stations and yards		11		9					2						64
Hospitals and hospital ships	1		2	3											30
Total	2	36	3	38					3						271
Ichthyosis:															
Stations and yards		1							1						1
Hospitals and hospital ships			1											1	3
Total		1	1						1					1	4
Impetigo contagiosa:															
Force afloat		11		9					2						37
Stations and yards	1	2		3											17
Hospitals and hospital ships			2	1	1										120
Total	1	13	2	13	1				2						174
Keloid:															
Force afloat		1							1						1
Hospitals and hospital ships			1											1	76
Total		1	1						1					1	77
Lichen:															
Force afloat		2		2											9
Stations and yards		1						1							3

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 10—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Lupus:															
Force afloat		2		1					1						2
Hospitals and hospital ships			1					1							50
Total		2	1	1				1	1						52
Miliaria papulosa, force afloat		1		1											1
Onychia:															
Force afloat		1		1											5
Stations and yards		1		1											14
Total		2		2											19
Paronychia:															
Force afloat	1	23		21	1				1					1	260
Stations and yards		3		3											15
Total	1	26		24	1				1					1	275
Pediculosis:															
Force afloat		90		89					1						95
Stations and yards		2		2											5
Hospitals and hospital ships			1	1											43
Total		92	1	92					1						143
Pemphigus:															
Force afloat		4		3					1						23
Stations and yards		2		2											20
Hospitals and hospital ships			1											1	[illegible]
Total		6	1	5					1					1	[illegible]

Pernio: Force afloat		1		1											
Pityriasis:															
Force afloat		5		5											25
Stations and yards		7		7											19
Hospitals and hospital ships		1		1											34
Total		13		13											78
Psoriasis:															
Force afloat	1	7	1	6					3						34
Stations and yards		6	1	3				2	2						31
Hospitals and hospital ships			5	4	1										206
Total	1	13	7	13	1			2	5						271
Scabies:															
Force afloat	1	266	7	208	1				63				2		810
Stations and yards		97	7	40	1				61					2	464
Hospitals and hospital ships	17	22	124	134	16									13	4,507
Total	18	385	138	382	18				124				2	15	5,781
Seborrhoea capitas: Stations and yards		1		1											19
Sinus (abdominal): Hospitals and hospital ships		1		1											52
Sinus (dorsal region): Hospitals and hospital ships			1			1									18
Sinus (scalp): Force afloat		1		1											10
Tinea versicolor: Force afloat		1		1											1
Trichophytosis:															
Force afloat		50	4	48					6						317
Stations and yards	1	156	5	152					9					1	844
Hospitals and hospital ships	3	9	17	25	1								1	2	817
Total	4	215	26	225	1				15				1	3	1,978
Ulcus:															
Force afloat		61	5	41					21				3	1	670
Stations and yards	1	17	1	10				1	6					2	240
Hospitals and hospital ships	9	7	29	24	12	1		4					2	2	2,071
Total	10	85	35	75	12	1		5	27				5	5	2,981

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 10.—DISEASES OF THE SKIN AND CONNECTIVE TISSUE—Continued.															
Unguis involutus:															
Force afloat	1	90	2	87					5				1		610
Stations and yards		37	2	23					15					1	229
Hospitals and hospital ships		6	21	20	2			1					2	2	539
Total	1	133	25	130	2			1	20				3	3	1,378
Urticaria:															
Force afloat		25		24					1						94
Stations and yards		10		9					1						65
Hospitals and hospital ships		2	3	4	1										38
Total		37	3	37	1				2						197
Verruca:															
Force afloat		7		5					1					1	81
Stations and yards		3	1	3					1						12
Hospitals and hospital ships	1	2	3	4	1									1	191
Total	1	12	4	12	1				2					2	284
Totals for class No. 10:															
Force afloat	17	1,809	70	1,636	10				227				16	7	10,971
Stations and yards	6	749	45	587	2		1	8	185				3	14	4,789
Hospitals and hospital ships	56	115	435	437	69	3	7	11				2	18	59	18,754
Total	79	2,673	550	2,660	81	3	8	19	412			2	37	80	34,514

CLASS NO. 11.—VENEREAL DISEASES.

Adenitis inguinalis:															
Force afloat	16	510	60	412	10				119				32	13	7,605
Stations and yards	13	127	27	82	4			1	60				9	11	1,855
Hospitals and hospital ships	25	20	188	150	44								8	31	8,379
Total	54	657	275	644	58			1	179				49	55	17,839
Arthritis gonorrhoica:															
Force afloat	3	116	36	66				1	77				8	3	1,833
Stations and yards		34	11	8	1			5	29				2		425
Hospitals and hospital ships	25	31	122	70	19	1		40					18	30	7,998
Total	28	181	169	144	20	1		46	106				28	33	10,256
Chancroid:															
Force afloat	13	1,744	107	1,727	17				105				9	6	5,377
Stations and yards	4	407	30	392	2				41				1	5	1,204
Hospitals and hospital ships	11	18	150	98	59								2	20	6,053
Total	28	2,169	287	2,217	78				146				12	31	12,634
Epididymitis:															
Force afloat	9	277	26	265	4				31				1	11	3,381
Stations and yards	5	68	6	49					29					1	733
Hospitals and hospital ships	4	9	61	61	3	1		2					1	6	2,884
Total	18	354	93	375	7	1		2	60				2	18	6,998
Fistula urinalis:															
Force afloat		1							1						1
Stations and yards		2							2						2
Hospitals and hospital ships	2	3	3	6				1						1	396
Total	2	6	3	6				1	3					1	399
Gonorrhœa:															
Force afloat	17	4,165	437	4,370	12			7	208				12	10	8,719
Stations and yards	10	1,043	114	1,003				8	153					3	2,606
Hospitals and hospital ships	61	195	363	430	69	5		11					18	86	23,815
Total	88	5,403	914	5,803	81	5		26	361				30	99	35,140
Ophthalmia gonorrhoica:															
Force afloat		20	2	10					11				1		212

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 11.—VENEREAL DISEASES—Continued.															
Orchitis:															
Force afloat	2	203	11	170				1	37				3	5	2,075
Stations and yards	1	53	5	38	1				18					2	503
Hospitals and hospital ships	6	7	58	43	12								3	13	2,374
Total	9	263	74	251	13			1	55				6	20	4,952
Prostatitis:															
Force afloat	1	15	1	12					5						198
Stations and yards	1	2		1					2						7
Hospitals and hospital ships	1		7	2	3			1						2	550
Total	3	17	8	15	3			1	7					2	755
Syphilis:															
Force afloat	10	961	521	578	1			11	849				46	7	5,290
Stations and yards	5	224	135	143	1			7	205				4	4	2,174
Hospitals and hospital ships	134	239	1,148	1,148	88	1		57		1			68	158	49,295
Total	149	1,424	1,804	1,869	90	1		75	1,054	1			118	169	56,759
Urethræ strictura:															
Force afloat		26	3	14					14					1	80
Stations and yards		5	1	1					5						49
Hospitals and hospital ships	1	2	20	17	1			1					1	3	850
Total	1	33	24	32	1			1	19				1	4	979

Verruca acuminata:														
Force afloat	1	38	3	33	1				6				1	1	94
Stations and yards		6		4					2						35
Hospitals and hospital ships		2	7	7	2										145
Total	1	46	10	44	3				8				1	1	274
Totals for class No. 11:														
Force afloat	72	8,076	1,207	7,657	45			20	1,463				113	57	34,865
Stations and yards	39	1,972	329	1,722	9			21	546				16	26	9,594
Hospitals and hospital ships	271	532	2,138	2,044	301	8		114		1			119	354	103,328
Total	382	10,580	3,674	11,423	355	8		155	2,009	1			248	437	147,787
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL).														
Albuminuria:														
Force afloat		2		2											39
Stations and yards		1		1											5
Total		3		3											46
Balanitis:														
Force afloat		9	1	9					1						95
Stations and yards		1		1											1
Hospitals and hospital ships			1		1										6
Total		10	2	10	1				1						102
Calculus:														
Force afloat		5		3					2						12
Stations and yards		5		3					2						29
Hospitals and hospital ships			4	2	2										64
Total		10	4	8	2				4						105
Chyluria: Stations and yards		1	1	2											20
Cystitis:														
Force afloat		29	3	19					12					1	143
Stations and yards		13	1	5					9						47
Hospitals and hospital ships	4	3	23	19	5			1					1	4	1,009
Total	4	45	27	43	5			1	21				1	5	1,199
Diuresis: Force afloat		1		1											26

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL)—Continued.															
Enuresis:															
Force afloat	1	31	5	11	......	......	......	10	14	......	......	......	2	......	140
Stations and yards	1	14	4	4	......	......	......	7	7	......	......	......	......	1	87
Hospitals and hospital ships	1	4	21	7	2	......	......	9	......	......	......	......	5	3	1,011
Total	3	49	30	22	2	......	......	26	21	......	......	......	7	4	1,238
Epididymitis: Force afloat	......	3	......	2	......	......	......	......	......	......	......	......	......	1	14
Hematuria:															
Force afloat	......	4	......	2	......	......	......	......	2	......	......	......	......	......	30
Stations and yards	......	1	1	2	......	......	......	......	......	......	......	......	......	......	9
Hospitals and hospital ships	1	2	3	3	2	......	......	......	......	......	......	......	1	......	74
Total	1	7	4	7	2	......	......	......	2	......	......	......	1	......	113
Hematocele: Force afloat	......	1	......	1	......	......	......	......	......	......	......	......	......	......	18
Hydrocele:															
Force afloat	......	39	3	15	......	......	......	1	22	......	......	......	4	......	172
Stations and yards	......	17	7	8	1	......	......	2	13	......	......	......	......	......	185
Hospitals and hospital ships	4	9	37	39	6	......	......	1	......	......	......	......	2	2	1,594
Total	4	65	47	62	7	......	......	4	35	......	......	......	6	2	1,951
Hypospadias:															
Force afloat	......	1	......	1	......	......	......	......	......	......	......	......	......	......	11
Stations and yards	......	1	......	......	......	......	......	1	......	......	......	......	......	......	4
Total	......	2	......	1	......	......	......	1	......	......	......	......	......	......	15

Nephritis acuta:															
Force afloat	......	18	1	10	......	....	......	......	9	...	......	......	......	......	161
Stationsandrds	......	6	......	1	......	....	......	......	5	...	......	......	......	......	50
Hospitals and hospital ships	4	8	19	14	8	....	1	3	......	...	......	......	3	2	1,167
Total	4	32	20	25	8	....	1	3	14	...	......	......	3	2	1,378
Nephritis chronica:															
Force afloat	......	25	10	4	......	....	......	3	26	...	......	......	1	1	207
Stations and yards	......	11	12	8	......	....	1	4	7	...	......	......	2	1	338
Hospitals and hospital ships	7	16	41	17	6	....	1	17	......	...	......	4	12	7	2,339
Total	7	52	63	29	6	....	2	24	33	...	......	4	15	9	2,884
Nephrolithiasis:															
Force afloat	1	12	1	6	......	....	......	......	5	...	......	......	1	2	98
Stations and yards	1	6	1	6	......	....	......	......	2	...	......	......	......	......	54
Hospitals and hospital ships	......	1	8	4	3	....	......	1	......	...	......	......	......	1	562
Total	2	19	10	16	3	....	......	1	7	...	......	......	1	3	714
Nephroptosis:															
Stations and yards	......	1	1	......	......	....	......	......	2	...	......	......	......	......	2
Hospitals and hospital ships	1	1	3	4	1	....	......	......	......	...	......	......	......	......	97
Total	1	2	4	4	1	....	......	......	2	...	......	......	......	......	99
Orchitis:															
Force afloat	......	20	......	18	......	....	......	......	2	...	......	......	......	......	144
Stations and yards	......	4	4	4	......	....	......	......	4	...	......	......	......	......	45
Hospitals and hospital ships	......	......	7	4	2	....	......	1	......	...	......	......	......	......	214
Total	......	24	11	26	2	....	......	1	6	...	......	......	......	......	403
Paraphimosis:															
Force afloat	......	6	......	5	......	....	......	......	1	...	......	......	......	......	38
Stations and yards	......	2	......	2	......	....	......	......	......	...	......	......	......	......	29
Hospitals and hospital ships	......	......	2	1	1	....	......	......	......	...	......	......	......	......	114
Total	......	8	2	8	1	....	......	......	1	...	......	......	......	......	181
Phimosis:															
Force afloat	1	225	3	209	1	....	......	......	18	...	......	......	1	......	1,366
Stations and yards	2	105	5	68	1	....	......	......	43	...	......	......	......	......	667
Hospitals and hospital ships	2	10	61	62	6	....	......	......	......	...	......	......	1	4	1,388
Total	5	340	69	339	8	....	......	......	61	...	......	......	2	4	3,421
Priapism: Hospitals and hospital ships	1	......	......	1	......	....	......	......	......	...	......	......	......	......	58

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 12.—DISEASES OF THE GENITO-URINARY APPARATUS (NONVENEREAL)—Continued.															
Pyelitis:															
Force afloat	......	7	......	2	......	....	.....	......	5	....	......	......	......	......	28
Stations and yards	......	3	1	1	......	....	.....	......	3	....	......	......	......	......	50
Hospitals and hospital ships	1	2	14	9	3	....	.....	......	......	....	......	......	5	......	636
Total	1	12	15	12	3	....	.....	......	8	....	......	......	5	......	714
Pyuria:															
Stations and yards	......	1	......	......	......	....	.....	......	1	....	......	......	......	......	1
Hospitals and hospital ships	......	......	1	......	......	....	.....	......	......	....	......	1	......	......	84
Total	......	1	1	......	......	....	.....	......	1	....	......	1	......	......	85
Spermatorrhea:															
Force afloat	......	1	......	......	......	....	.....	......	1	....	......	......	......	......	1
Hospitals and hospital ships	......	......	1	......	1	....	.....	......	......	....	......	......	......	......	5
Total	......	1	1	......	1	....	.....	......	1	....	......	......	......	......	6
Uremia:															
Force afloat	......	1	......	......	......	....	.....	......	1	....	......	......	......	......	1
Hospitals and hospital ships	......	......	2	......	1	....	1	......	......	....	......	......	......	......	1
Total	......	1	2	......	1	....	1	......	1	....	......	......	......	......	2
Urethritis simplex:															
Force afloat	......	4	......	4	......	....	.....	......	......	....	......	......	......	......	5
Hospitals and hospital ships	......	2	......	2	......	....	.....	......	......	....	......	......	......	......	20
Total	......	6	......	6	......	....	.....	......	......	....	......	......	......	......	25

Urinæ incontinentia:															
Force afloat		3		2				1							25
Stations and yards		2							2						7
Hospitals and hospital ships			2	1				1							42
Total		5	2	3				2	2						74
Urinæ retentio:															
Force afloat		8	1	5					3				1		45
Stations and yards		5	1	2	1				3						70
Hospitals and hospital ships			5	3	1									1	237
Total		13	7	10	2				6				1	1	352
Urinæ suppressio: Force afloat		1		1											6
Varicocele:															
Force afloat		99	8	24	2			1	74				6		499
Stations and yards		51	6	10				4	42				1		159
Hospitals and hospital ships	11	18	121	124	17								5	4	3,990
Total	11	168	135	158	19			5	116				12	4	4,648
Vesiculitis (seminal):															
Stations and yards		1		1											14
Hospitals and hospital ships		1		1											43
Total		2		2											57
Totals for class No. 12:															
Force afloat	3	555	36	356	3			16	198				16	5	3,324
Stations and yards	4	252	45	129	3		1	18	145				3	2	1,873
Hospitals and hospital ships	37	77	376	317	68		3	34				5	35	28	14,755
Total	44	884	457	802	74		4	68	343			5	54	35	19,952
CLASS NO. 13.—CYSTS AND NEW GROWTHS.															
Adenoma:															
Force afloat		5	1	1					5						11
Hospitals and hospital ships	2	1	5	7										1	228
Total	2	6	6	8					5					1	239
Angeioma:															
Force afloat		1							1						1
Hospitals and hospital ships	1		1	1										1	293
Total	1	1	1	1					1					1	294

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS NO. 13.—CYSTS AND NEW GROWTHS—Continued.															
Carcinoma:															
Force afloat		2							2						2
Hospitals and hospital ships	1	2	5		2		3						2	1	285
Total	1	4	5		2		3		2				2	1	287
Chondroma:															
Force afloat		2	1	1					2						3
Hospitals and hospital ships	1		2	3											150
Total	1	2	3	4					2						153
Cystis:															
Force afloat	1	26		16					9				2		153
Stations and yards		8	2	8					2						42
Hospitals and hospital ships	1	3	15	11	3								1	4	512
Total	2	37	17	35	3				11				3	4	707
Epithelioma: Hospitals and hospital ships	1												1		290
Fibroma:															
Force afloat		10	1	3					8						28
Stations and yards		4		3					1						37
Hospitals and hospital ships	3		10	8	1			1					1	2	431
Total	3	14	11	14	1			1	9				1	2	496
Hematoma: Stations and yards		2		2											21

Lipoma:															
Force afloat		2		1					1						2
Stations and yards		5	1	3					3						11
Hospitals and hospital ships			4	4											31
Total		7	5	8					4						44
Myxoma:															
Force afloat		2							2						2
Hospitals and hospital ships		1	2	2	1										65
Total		3	2	2	1				2						67
Osteoma:															
Force afloat		3							3						3
Stations and yards		3							3						4
Hospitals and hospital ships	2	1	9	7	1								2	2	494
Total	2	7	9	7	1				6				2	2	501
Sarcoma:															
Force afloat		1							1						1
Hospitals and hospital ships		3	2	1			2						1	1	565
Total		4	2	1			2		1				1	1	566
Totals for class No. 13:															
Force afloat	1	54	3	22					34				2		206
Stations and yards		22	3	16					9						115
Hospitals and hospital ships	12	11	55	44	8		5	1					8	12	3,344
Total	13	87	61	82	8		5	1	43				10	12	3,665
CLASS NO. 14.—INJURIES.															
Abrasio:															
Force afloat		13	2	13					1				1		52
Stations and yards		10		9										1	62
Hospitals and hospital ships		2		2											13
Total		25	2	24					1				1	1	127
Adhesio abdominalis:															
Force afloat		5	4	2				1	5				1		65
Hospitals and hospital ships		1	5	2	1			1					1	1	171
Total		6	9	4	1			2	5				2	1	236
Ambustio ex calore:															
Force afloat	5	150	6	132	1		2		21				3	2	1,438
Stations and yards		32	1	27			1		4					1	258
Hospitals and hospital ships	1	12	26	30	1		6						1	1	769
Total	6	194	33	189	2		9		25				4	4	2,465

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 14.—INJURIES—Continued.															
Ambustio ex electricitate:															
Force afloat		8		7			1								35
Stations and yards		1		1											1
Total		9		8			1								36
Ambustio ex frigore:															
Force afloat		1		1											8
Stations and yards		11		11											40
Total		12		12											48
Ambustio ex venenis:															
Force afloat		10		10											106
Stations and yards		2		2											11
Hospitals and hospital ships		1		1											45
Total		18		13											162
Ambustio ex X-radiore: Hospitals and hospital ships	1	1		2											128
Amputatio: Force afloat		2		2											83
Asphyxia:															
Force afloat		10		4			3		3						14
Stations and yards		2							2						2
Hospitals and hospital ships			5	5											101
Total		12	5	9			3		5						135

Asphyxia ex submersione:															
Force afloat		42		3			39								45
Stations and yards		18					7		11						16
Hospitals and hospital ships			12		1		11								0
Total		60	12	3	1		57		11						61
Cartilagines intra-articularis dislocatio:															
Force afloat		4	4						8						15
Stations and yards		3	1						3					1	95
Hospitals and hospital ships		10	11	10	3			2				1		5	755
Total		17	16	10	3			2	11			1		6	865
Concussio:															
Force afloat	1	26		20					7						124
Stations and yards		7		3					4						25
Hospitals and hospital ships	1	1	10	10	2										243
Total	2	34	10	33	2				11						392
Contusio:															
Force afloat	9	569	13	521	6	1	1		49				5	8	3,846
Stations and yards	1	120	10	100	3				27					1	946
Hospitals and hospital ships	9	8	80	60	18		1	2				2	5	9	1,951
Total	19	697	103	681	27	1	2	2	76			2	10	18	6,743
Deformitas:															
Force afloat	4	151	16	32				31	106				1	1	797
Stations and yards		79	7	10		1		25	46				3	1	509
Hospitals and hospital ships	17	68	169	163	9			46					15	21	9,009
Total	21	298	192	205	9	1		102	152				19	23	10,315
Dislocatio:															
Force afloat	2	76	9	63	1	1			18				3	1	767
Stations and yards	2	18	2	11			1	4	6						93
Hospitals and hospital ships	5	6	26	20	4			3					5	5	1,308
Total	9	100	37	94	5	1	1	7	24				8	6	2,168
Erythema solare:															
Force afloat		23		23											80
Stations and yards		4		4											25
Total		27		27											105
Fames:															
Stations and yards		1							1						1
Hospitals and hospital ships			1											1	19
Total		1	1						1					1	20

TABLE NO. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.									Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS 14.—INJURIES—Continued.															
Fractura:															
Force afloat	8	442	23	275	2		15	3	156				11	11	5,870
Stations and yards	6	144	24	89			3	1	67				3	11	2,727
Hospitals and hospital ships	41	35	220	187	30		3	8				5	22	41	14,004
Total	55	621	267	551	32		21	12	223			5	36	63	22,601
Hernia:															
Force afloat	1	262	43	50	1			16	227				10	2	1,113
Stations and yards	1	79	33	33	1			5	70					4	1,065
Hospitals and hospital ships	35	23	322	269	13			11				10	37	40	13,415
Total	37	364	398	352	15			32	297			10	47	46	15,593
Ictus electricus: Stations and yards		1					1								1
Membri clades:															
Force afloat	1	14		10			1	1	2				1		287
Stations and yards		4		1					3						233
Hospitals and hospital ships	1	14	6	6	1			11					2	1	1,285
Total	2	32	6	17	1		1	12	5				3	1	1,805
Musculi ruptio:															
Force afloat		1							1						3
Hospitals and hospital ships	1		1	1										1	51
Total	1	1	1	1					1					1	54

Solis ictus:															
Force afloat		2		2											3
Stations and yards		1		1											6
Total		3		3											9
Stremma:															
Force afloat	9	521	16	488	3				36				8	11	3,779
Stations and yards	6	248	14	212	4			1	45				4	2	1,991
Hospitals and hospital ships	2	25	92	81	18			1					5	14	2,803
Total	17	794	122	781	25			2	81				17	27	8,573
Urethrae ruptio: Hospitals and hospital ships	1			1											55
Virium defectio:															
Force afloat		5		4					1						28
Stations and yards		2	2	2				2							105
Hospitals and hospital ships		2	1					2				1			76
Total		9	3	6				4	1			1			209
Visceris ruptio:															
Force afloat		3					2		1						3
Hospitals and hospital ships		2	2	3									1		257
Total		5	2	3			2		1				1		260
Vulnus contusum:															
Force afloat	2	116	3	115					3				2	1	883
Stations and yards	2	18	1	19					1					1	103
Hospitals and hospital ships	1		7	6	1									1	372
Total	5	134	11	140	1				4				2	3	1,358
Vulnus incisum:															
Force afloat	1	143		128			1		11				3	1	966
Stations and yards	1	49	1	42			1		6					2	439
Hospitals and hospital ships	4	5	19	19	4	1	1						2	1	673
Total	6	197	20	189	4	1	3		17				5	4	2,078
Vulnus infectum:															
Force afloat	2	340	10	320	2				22				3	5	2,837
Stations and yards	1	113	1	102				1	12						873
Hospitals and hospital ships	8	9	36	46	5									2	1,863
Total	11	462	47	468	7			1	34				3	7	5,573

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS 14.—INJURIES—Continued.															
Vulnus laceratum:															
Force afloat	12	491	7	457	2	....	1	....	41	....	....	....	4	5	5,249
Stations and yards	2	88	4	79	....	....	....	....	15	....	....	....	....	....	684
Hospitals and hospital ships	17	5	58	51	16	....	....	1	....	....	....	....	4	8	3,072
Total	31	584	69	587	18	....	1	1	56	....	....	....	8	13	9,005
Vulnus punctum:															
Force afloat	....	44	....	36	....	....	1	....	4	....	....	....	2	1	269
Stations and yards	....	15	2	14	....	....	....	....	3	....	....	....	....	....	141
Hospitals and hospital ships	....	4	7	11	....	....	....	....	....	....	....	....	....	....	157
Total	....	63	9	61	....	....	1	....	7	....	....	....	2	1	567
Vulnus sclopeticum:															
Force afloat	....	27	16	14	....	....	5	....	15	....	....	....	8	1	504
Stations and yards	1	40	7	15	....	....	11	....	8	....	....	....	10	4	875
Hospitals and hospital ships	2	1	27	17	....	....	3	2	....	....	....	1	4	3	1,386
Total	3	68	50	46	....	....	19	2	23	....	....	1	22	8	2,765
Totals for class No. 14:															
Force afloat	57	3,501	172	2,732	18	2	72	52	738	....	....	....	66	50	29,269
Stations and yards	23	1,110	110	787	8	1	25	39	334	....	....	....	20	29	11,327
Hospitals and hospital ships	147	235	1,143	1,002	128	1	25	90	....	....	....	20	104	155	53,081
Total	227	4,846	1,425	4,521	154	4	122	181	1,072	....	....	20	190	234	94,577

CLASS NO. 15.—EXTRANEOUS BODIES.															
Corpus extraneum:															
Force afloat		38		29					8				1		164
Stations and yards		6	2	6					2						87
Hospitals and hospital ships	2	1	10	11										2	209
Total	2	45	12	46					10				1	2	460
CLASS NO. 16.—POISONS.															
Alcoholismus:															
Force afloat	1	164	10	127			1	2	43				1	1	376
Stations and yards		64	7	41				1	28					1	193
Hospitals and hospital ships	3	13	75	73	7		1	3					1	6	1,340
Total	4	241	92	241	7		2	6	71				2	8	1,909
Venenum irritans:															
Force afloat		6		5					1						20
Hospitals and hospital ships		2	1	2	1										118
Total		8	1	7	1				1						138
Venenum neuroticum:															
Force afloat		31	1	18	2				12						199
Stations and yards		6		3				2	1						31
Hospitals and hospital ships	1	13	12	17	1		1	3					2	2	695
Total	1	50	13	38	3		1	5	13				2	2	925
Vulnus venenatum:															
Force afloat		9		9											36
Stations and yards		4		4											48
Total		13		13											84
Totals for class No. 16:															
Force afloat	1	210	11	159	2		1	2	56				1	1	631
Stations and yards		74	7	48				3	29					1	272
Hospitals and hospital ships	4	28	88	92	9		2	6					3	8	2,153
Total	5	312	106	299	11		3	11	85				4	10	3,056
CLASS NO. 17.—FEIGNED DISEASES, AND NO DISEASE (HELD UNDER OBSERVATION).															
Defective mentality:															
Force afloat		2						1	1						6
Stations and yards		1		1											4
Hospitals and hospital ships		1	1	1	1										9
Total		4	1	2	1			1	1						[illegible]

TABLE No. 4.—*Detailed statement of disease and injury, 1912 (Navy nomenclature)*—Continued.

Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
CLASS No. 17.—FEIGNED DISEASES, AND NO DISEASE (HELD UNDER OBSERVATION)—Continued.															
Eye:															
Force afloat	......	3	......	3	......	......	......	......	......	......	......	......	......	......	52
Stations and yards	......	1	......	1	......	......	......	......	......	......	......	......	......	......	1
Total	......	4	......	4	......	......	......	......	......	......	......	......	......	......	53
Muscular rheumatism, force afloat	......	1	......	1	......	......	......	......	......	......	......	......	......	......	1
Paralysis, stations and yards	......	1	......	1	......	......	......	......	......	......	......	......	......	......	20
No disease (held under observation):															
Force afloat	......	4	......	3	......	......	......	......	1	......	......	......	......	......	6
Hospitals and hospital ships	......	179	2	165	15	......	......	......	......	......	......	......	......	1	857
Total	......	183	2	168	15	......	......	......	1	......	......	......	......	1	863
Totals for class No. 17:															
Force afloat	......	10	......	7	......	......	......	1	2	......	......	......	......	......	65
Stations and yards	......	3	......	3	......	......	......	......	......	......	......	......	......	......	25
Hospitals and hospital ships	......	180	3	166	16	......	......	......	......	......	......	......	......	1	866
Total	......	193	3	176	16	......	......	1	2	......	......	......	......	1	956
Grand totals for all classes:															
Force afloat	247	23,980	2,306	19,877	147	3	99	257	5,468	5	2	2	470	197	132,463
Stations and yards	125	9,644	1,099	7,263	76	2	50	227	2,989	3	9	7	76	172	68,138
Hospitals and hospital ships	969	2,343	9,370	8,168	1,503	26	104	738	....	73	155	103	701	1,111	384,288
Total	1,341	35,967	12,775	35,308	1,726	31	253	1,222	8,457	81	166	112	1,247	1,480	584,889

TABLE No. 5.—*Detailed statement of disease and injury, 1912 (international nomenclature).*

[Except sanatorium for tuberculosis and hospitals for insane.]

No.	Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
1	Typhoid fever and typhoid vaccination	28	100	54	118	14		2		27			8	7	6	5,350
3	Relapsing fever		1		1											50
4	Malaria	7	710	275	839	29		2		86			1	11	24	6,127
4A	Malarial cachexia		9	7	7	2		1		4					2	248
5	Smallpox		7	7	6	1		1		5					1	160
6	Measles		169	128	139	10				121				2	25	3,522
7	Scarlet fever	2	33	31	25	5		3		27				1	5	1,057
8	Whooping cough		2		1									1		3
9	Diphtheria	3	58	17	45	11				14				2	6	1,307
10	Influenza	22	1,867	112	1,850	37				87				4	23	8,680
12	Asiatic cholera		1		1											34
14	Dysentery	7	86	74	85	10			4	51			1	11	5	2,231
16	Yellow fever		9	6	6			2						7		45
17	Leprosy		1	1										1	1	69
18	Erysipelas	1	26	11	25	2				10					1	573
19	Other epidemic diseases	49	1,324	740	1,332	56	1			681				20	23	19,556
20	Purulent infection and septicæmia	12	466	49	468	9		3	1	36				3	7	5,724
22	Anthrax		1	2	1	1				1						72
23	Rabies		1	2		1		1		1						2
25	Mycoses		1		1											32
28	Tuberculosis of lungs	14	238	229	24	25	1	8	28	146		159	3	66	21	10,471
29	Acute miliary tuberculosis		1	1						1		1				22
34	Tuberculosis of other organs	2	18	9	7	3		1	2	5		4		2	5	1.007
37	Syphilis	149	1,424	1,804	1,869	90	1		75	1,054	1			118	169	56,759
38A	Soft chancre	82	2,826	562	2,861	136			1	325				61	86	30,473
38B	Gonococcus infection	150	6,284	1,298	6,649	126	7		79	622				68	181	60,281
44	Cancer and other malignant tumors of the skin	1												1		290
45	Cancer and other malignant tumors of other organs	1	8	7	1	2		5		3				3	2	853
46	Other tumors	9	72	45	74	5			1	34				4	8	2,071
47	Acute articular rheumatism	18	309	213	305	29	1	1	19	141			1	17	26	12,093
48	Chronic rheumatism and gout	10	85	92	76	10			25	46				18	12	4,049
50	Diabetes		18	24	7	3		1	8	14				4	5	865
51	Exophthalmic goiter		1												1	107
52	Addison's disease		1					1								30

TABLE No. 5.—*Detailed statement of disease and injury, 1912 (international nomenclature)*—Continued.

No.	Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
54	Anemia, chlorosis	3	13	15	11	3		3	2	7			2	2	1	688
55	Other general diseases	1	14	7	9	2			6	5						493
56	Alcoholism (acute or chronic)	4	241	92	241	7		2	6	71			2		8	1,909
59	Other chronic poisonings	1	50	13	38	3		1	5	13				2	2	925
61	Simple meningitis	1	4	5	1	2		3		2				2		214
61A	Cerebrospinal fever	1	22	19	12	7		9		13					1	931
62	Locomotor ataxia		1	2		1				1					1	41
63	Other diseases of the spinal cord	1	6	8	6					2			3	2	2	880
64	Cerebral hemorrhage, apoplexy	1	4	4		3		1		3				2		162
66	Paralysis without specific cause	3	30	28	13	8		2	2	22	1			7	6	1,913
68	Other forms of mental alienation	13	170	177	38	32			47	103	79		3	46	12	5,497
69	Epilepsy	1	101	87	41	3			62	53				20	10	2,710
72	Chorea	1	2	1	2					1					1	84
73A	Hysteria	1	33	31	15	8			15	18			1	5	3	972
73B	Neuralgia and neuritis	5	141	78	136	9			6	47			2	12	12	4,868
74	Other diseases of the nervous system	13	205	179	171	37			33	95			13	29	19	6,567
75B	Trachoma		3	5	1	3				3				1		205
75C	Other diseases of the eye and their annexa	39	588	348	536	46			72	224			9	44	44	15,456
76	Diseases of the ears	34	510	299	423	21			112	219				31	37	12,298
77	Pericarditis	1	2	1	1	1				1				1		23
78	Acute endocarditis	3	12	13	6	2		5	1	8			1	2	3	437
79	Organic diseases of the heart	6	116	61	47	4		9	64	35				21	3	3,714
80	Angina pectoris		5	4	2	1		1	1	3			1			330
81	Diseases of the arteries		16	14	10	4		1	1	9				4	1	1,059
82	Embolism and thrombosis		6	6	3	2		2	1	4						172
83	Diseases of the veins	31	563	438	530	46			8	375			2	36	35	15,484
84	Diseases of the lymphatic system	21	290	144	278	24	1	1	4	99				24	24	8,004
85	Hemorrhage; other diseases of the circulatory system	7	54	40	52	2			17	23				5	2	1,257
86	Diseases of the nasal fossæ	8	112	46	102	4			7	39				4	10	2,779
87	Diseases of the larynx	3	86	30	79	9			4	20				3	4	1,421
88	Diseases of the thyroid body	4	18	11	8	3		1	8	7				3	3	1,180
89	Acute bronchitis	9	806	112	776	48			1	84				3	15	6,793
90	Chronic bronchitis	18	147	159	113	46	3		21	103			2	20	16	6,609
91	Bronchopneumonia	3	43	26	36	7		3		23				2	1	1,493
92	Pneumonia	11	172	122	118	34		23		103			2	8	17	5,153
93	Pleurisy	26	141	90	126	27		4	6	63		1	2	11	17	6,800
94	Pulmonary congestion		2	3	2	1				2						29

96	Asthma		33	31	30	1		1	7	19						
97	Pulmonary emphysema		2	6	4				1	3						214
98	Other diseases of the respiratory system (except tuberculosis)		7	6	5	2				6						128
99A	Diseases of the teeth and gums		34	11	29				4	12						205
99B	Other diseases of the mouth and annexa		16	12	12	6				9					1	285
100	Diseases of the pharynx	38	3,586	402	3,660	78	3	1	3	217				20	44	20,440
102	Ulcer of the stomach	4	26	24	22	1		1	2	17			1	4	6	1,847
103	Other diseases of the stomach (cancer excepted)	10	295	126	291	25	1	1	5	88			2	9	9	5,812
105	Diarrhea and enteritis	6	649	94	638	33	1		2	60				7	8	4,042
106	Ankylostomiasis		148	10	154	1			1	1				1		751
107	Intestinal parasites	1	57	8	59	1				5					1	246
108	Appendicitis	37	608	529	617	52	1	3	3	405			23	37	33	21,751
109	Hernias, intestinal obstructions	37	373	405	357	19		1	32	301			10	48	47	16,017
110A	Diseases of the anus and fecal fistulas	4	58	43	57	1	1		2	34				4	6	2,513
110B	Other diseases of the intestines	1	132	36	127	8			4	25				3	2	1,028
113	Cirrhosis of the liver		2	6	3			1		3					1	103
114	Biliary calculi	2	15	22	21	4				12				1	1	409
115	Other diseases of the liver	3	189	78	174	16		1	1	67			1	6	4	4,145
117	Simple peritonitis	1	6	2	2	2		4		1						172
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	1	6	2	6					2			1			343
119	Acute nephritis	4	32	20	25	8		1	3	14				3	2	1,378
120	Bright's disease	7	53	63	30	6		2	24	33			4	15	9	2,890
121	Chyluria		1	1	2											20
122	Other diseases of the kidneys and annexa	3	23	23	25	6				12				6		953
123	Calculi of the urinary passages	2	29	14	24	5			1	11				1	3	819
124	Diseases of the bladder	7	112	66	78	9			29	50				9	10	2,863
125	Diseases of the urethra		6		6											25
127	Nonvenereal diseases of the genital organs	5	121	66	116	13		1	6	46			1	6	3	2,938
142	Gangrene		2		2											25
143	Furuncle	5	392	51	403	3				29				5	8	3,046
144	Acute abscess	25	1,033	184	1,017	32		8		131			2	18	34	13,827
145A	Trichophytosis	4	217	27	228	1				15				1	3	1,988
145B	Scabies	18	385	138	382	18				124				2	15	5,781
145C	Other diseases of the skin and annexa	28	686	157	669	30	3		18	118				12	21	10,392
146	Diseases of the bones (tuberculosis excepted)	12	86	65	82	12		1	5	42		1		13	7	4,034
147	Diseases of the joints (tuberculosis and rheumatism excepted)	15	226	140	195	34			25	84				19	24	7,383
149	Other diseases of the organs of locomotion	28	589	256	469	28	1		137	156				52	30	11,520
150	Congenital malformations	5	340	69	339	8				61				2	4	3,421
157	Suicide by hanging		1					1								1
158	Suicide by drowning		5					5								5
159	Suicide by firearms		8					8								8
160	Suicide by cutting or piercing instruments		2					2								2
165A	Venomous bites and stings		13		13											84
165B	Other acute poisonings		8	1	7	1				1						138
167	Burns (conflagrations excepted)	7	235	33	231	2		9		25				4	4	2,860
168	Absorption of deleterious gases (conflagration excepted)		11	5	9			2		5						134
169	Accidental drowning and submersion		55	12	3	1		52		11						56

TABLE No. 5.—*Detailed statement of disease and injury, 1912 (international nomenclature)*—Continued.

No.	Diagnosis.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
170	Traumatism by firearms	3	57	50	46			8	2	23			1	22	8	2,754
171	Traumatism by cutting or piercing instruments	6	256	29	250	4	1			24				7	5	2,641
177A	Overexertion		9	3	6				4	1			1			209
177B	Starvation		1	1						1					1	20
178	Excessive cold		13		13											105
179	Effects of heat		82	13	77	5		1	1	8				3		406
181	Electricity (lightning excepted)		10		8			2								37
182	Homicide by firearms		3					3								3
183	Homicide by cutting or piercing instruments		2					2								2
184	Homicide by other means		2					2								2
185A	Dislocations	9	117	53	104	8	1	1	9	35			1	8	12	3,033
185B	Sprains	17	794	122	781	25			2	81				17	27	8,573
185C	Fractures (cause not specified)	55	620	267	551	32		20	12	223			5	36	63	22,600
186	Other external violence	84	1,862	417	1,744	59	2	5	119	322			2	47	63	30,892
189A	Disease not specified or ill defined	6	330	57	292	47	1		2	38				8	5	2,153
189B	No disease (feigned disease)		10	1	8	1			1	1						93
	Total	1,341	35,967	12,775	35,308	1,726	31	253	1,222	8,457	81	166	112	1,247	1,480	584,889

TABLE NO. 6.—*Table showing common infectious and contagious diseases, the character and number of admissions during the calendar year 1912.*

FORCE AFLOAT.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Alabama	3				1	1		1				7	1	14	5
Albany	1			1		2	4	1		1		17	56	65	26
Albatross	1						1							2	
Amphitrite						2								10	
Annapolis				1		5	9					2	16	17	3
Arkansas	1			1								31	20	56	2
Baltimore	1					5				1		16	15	18	4
Birmingham				1				3				7	10	11	10
Buffalo	6					12		5				19	15	49	19
California	87			1		39						32	93	94	13
Callao						2						1	4	5	4
Celtic												4	4	31	2
Chester	5			1		1	1			1		11	8	27	3
Chicago												1	1	4	1
Cincinnati						3	4			3		12	39	37	7
Cleveland						17						2	3	6	1
Colorado	1	1	1	3	1	4				2		4	46	57	8
Connecticut	28			3	2	4	4			2		81	21	92	14
Culgoa	1					1						7	4	11	2
Delaware	68			1	1	3				1		73	25	76	10
Denver	2												14	11	1
Des Moines	8			1		10		1				10	1	16	9
Dolphin				1						2		1	3	13	1
Eagle	3												1	10	2
Elcano					1	3				1		1	19	18	3
Fish Hawk	1												2	2	1
Florida	48					4	2	1	2			87	28	115	18
Georgia	28			1	1	1	1	1		3		77	15	57	9
Glacier	2					2	1			2		9	25	13	5
Hannibal						2				1		6	1	10	2
Hartford												1	8	7	1
Helena					4	11		2		1		2	6	27	11
Idaho	37			2		3	1			2		78	31	10	15
Illinois	3	1						1		1		7	3	32	4
Indiana	4	1								1		12	10	17	9
Iowa	3			2			3					17	12	15	5
Kansas	5			3	1	3	1		1			44	44	71	16
Kearsarge	7						1					10	6	16	1
Kentucky	19				1	2						6	3	10	1
Lebanon	1											5	5	9	2
Louisiana	22			2		6	1	2		2		72	30	57	15
Maine	6					1				1		11	6	20	7
Marietta		1										2		2	2
Maryland	39				1	1	1	3		3		23	24	64	15
Massachusetts	32	1		2		3		1				20	8	32	14
Mayflower	3											8	2	10	2
Michigan	49			1		5		4	5	1		58	15	51	21
Minnesota	22			1		4	1	8		3		52	42	86	24
Mississippi	31			5		1		14		3		85	13	44	16
Missouri	5			3		2	1			2		17	18	54	13
Monadnock						1						1	11	9	5
Montana	46			1			1					20	10	40	11
Monterey						4		1				1	11	23	12
Montgomery				1		2						2	2	19	1
Nashville	1			1		1						6	7	8	4
Nebraska	26			8		4	1	9		5		101	31	81	12
Nero	2											1		2	
New Hampshire	29			6		8	1		11	1		85	26	83	34
New Jersey	17			3	1	1				4		51	19	55	14
New Orleans							1					5	1	5	1
North Carolina	11				2							24	7	34	10
North Dakota	31			1		4				3		139	17	63	20
Ohio	6	2		2		2		29	2	4		47	14	54	15
Paducah						1				3		14	1	14	1
Pampanga											1		3	4	2
Panther	2			1						2		21	7	16	3
Petrel	3					2						12	7	35	4
Pittsburgh	1			5				1				7	1	32	9
Prairie						1	1					5	8	21	
Princeton					1							4	1	8	1
Quiros	3				1	1						2	2	17	1

TABLE No. 6.—*Table showing common infectious and contagious diseases, the characte and number of admissions during the calendar year 1912*—Continued.

FORCE AFLOAT—Continued.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
Rainbow	3					4						44	16	38	[illegible]
Receiving ship at—															
Boston, Mass	6			4		1	3					10	7	37	[illegible]
Mare Island, Cal	4		1	1		2	1	1		2		26	12	66	[illegible]
New York, N. Y	20			3	1	6	7	27		3		50	12	107	[illegible]
Norfolk, Va				2		9	32	3		7	2	25	71	202	[illegible]
Philadelphia, Pa	15	2				5		7	1	1		21	21	77	15
Puget Sound, Wash	2			5						3		8	1	46	
Rhode Island	9			3		7	6	29		3		71	17	53	[illegible]
St. Louis													1	8	[illegible]
Salem	3			1		1				1		10	2	9	[illegible]
Samar	1				1	1						2	3	5	[illegible]
San Francisco										1		4	8	22	[illegible]
Saratoga	1			2	2	10	1	1		1		54	106	73	[illegible]
Scorpion	2											1	9	12	[illegible]
South Carolina	8			4	3	11	1	2		5		48	22	60	[illegible]
South Dakota	4			3		3		2		4		22	56	75	16
Southery	1					3	1			4		5	3		[illegible]
Supply	8											4		11	
Tacoma				2		87						3	7	8	[illegible]
Tallahassee						2							8	6	[illegible]
Tennessee	31				1		1			1		28	16	56	11
Torpedo fleet—															
Asiatic	19					6	2	5	1	2		12	89	122	[illegible]
Atlantic	28			3	1	20		4	1	6		89	81	197	[illegible]
Atlantic Reserve						5	1			1		36	13	24	[illegible]
Pacific	20			2			1			3		33	25	83	[illegible]
Utah	44					4		4				85	27	118	11
Vermont	8			5		5	1		4	5		105	23	84	[illegible]
Vicksburg						2		1		6		8	7	15	[illegible]
Villalobos						1							11	11	[illegible]
Virginia	6		1	4			2		1	1		21	9	70	[illegible]
Washington	2	1						3		3		21	20	66	[illegible]
West Virginia	21								1			15	5	32	[illegible]
Wheeling				1		1						2	6	20	11
Wilmington	1			1		10						2	19	41	[illegible]
Wisconsin		1				1						9	4	21	[illegible]
Wyoming	22							1				49	9	32	[illegible]
Yankton						1						4	3	8	[illegible]
Yorktown													3	8	[illegible]

NAVY YARDS, NAVAL STATIONS, AND MISCELLANEOUS PLACES.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
NAVY YARDS.															
Boston, Mass	27				1	1	4					48	8	31	9
Charleston, S. C	2			1	3	10	6			2		12	8	19	7
Mare Island, Cal	3		1	1	1	1	2			3		24	2	37	22
New York, N. Y	6			2			1	2		1		5	10	31	5
Norfolk, Va	9		2	1		5	23			1		21	30	63	16
Philadelphia, Pa	53	4		1		9	2	18		1		94	24	55	14
Portsmouth, N. H	2					4	3			2			1	9	1
Puget Sound, Wash	4					2						10	5	18	7
Washington, D. C	3				1	11		1		1		12	9	16	6
NAVAL STATIONS.															
Annapolis, Md. (academy)	252					8	5			2		81	18	53	12
Cavite, P. I						3		2		3	2	2	23	46	11
Great Lakes, Ill	30		5	2	5	9	27	68		1		83	7	49	4
Guantanamo, Cuba						12						8	2	15	4
Hawaii, Territory Hawaii	1									1		11		21	11
Key West, Fla				1		6	1					2	4	5	1
Narragansett Bay, R. I. (torpedo)				3								10	3	4	4
Narragansett Bay, R. I. (training)	59		2	8	1	6	56	109	1	1		40	12	96	9
Olongapo, P. I				2	1	25	1	21			2	12	16	49	15
San Francisco, Cal	238		5	3	1	5	51	146				151	11	103	10
Tutuila, Samoa				1	3			1		2		1		2	

TABLE No. 6.—*Table showing common infectious and contagious diseases, the character and number of admissions during the calendar year 1912*—Continued.

NAVY YARDS, NAVAL STATIONS, AND MISCELLANEOUS PLACES—Continued.

Place.	Catarrhus epidemicus.	Diphtheria.	Febris cerebrospinalis.	Febris pneumonica.	Febris typhoides.	Malaria.	Morbilli and rubella.	Parotiditis epidemica.	Scarlatina.	Tuberculosis.	Variola.	Tonsillitis.	Chancroid.	Gonorrhea.	Syphilis.
MISCELLANEOUS PLACES.															
China (expedition)	2	....	....	....	....	2	1	6	....	....	....	37	80	41	1
Cuba (expedition)	....	....	....	....	....	32	12	4	....	2	....	2	5	21	4
Hingham, Mass. (magazine)	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
Indian Head, Md. (proving ground)	1	....	....	....	....	1	....	....	....	....	....	3	1	4	1
Nicaragua (expedition)	3	....	....	....	....	66	2	1	....	1	....	4	55	37	3
Panama, Isthmian Canal Zone (Camp Elliott)	11	....	....	....	1	38	....	....	....	....	....	7	24	28	10
Peking, China (legation guard)	2	....	....	1	....	1	....	....	....	....	....	2	29	30	9
Port Royal, S. C. (disciplinary barracks)	32	....	....	....	....	7	....	2	....	1	....	13	6	29	14
Portsmouth, N. H. (prison)	1	....	....	....	1	2	....	....	....	2	....	47	1	14	5
Santo Domingo (expedition)	32	....	....	2	....	13	....	....	....	2	....	10	9	16	8
Washington, D. C. (dispensary)	8	....	....	2	....	1	....	....	....	....	....	5	....	1	1
Washington, D. C. (marine barracks)	3	1	....	....	....	3	....	1	....	....	....	19	1	16	2
Winthrop, Md. (Marine Corps rifle range)	1	....	....	....	....	....	....	2	....	....	....	....	3	1	1

TABLE No. 7.—*Prevalence of certain special diseases and injuries in the Navy and Marine Corps during the year 1912.*

[Except sanatorium for tuberculosis and hospitals for insane.]

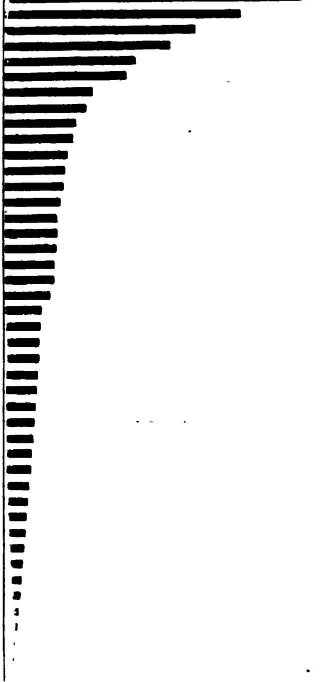
Diagnoses.	No.	Relation by scale.
Gonorrhea	5,408	
Tonsillitis	3,419	
Skin diseases	2,673	
Chancroid	2,169	
Influenza	1,867	
Wounds	1,508	
Syphilis	1,424	
Bronchial affections	996	
Lymphatic diseases	947	
Mental and nervous diseases	809	
Sprains	794	
Malaria	720	
Rheumatic affections	700	
Contusions	697	
Fractures	621	
Digestive disorders	617	
Epididymitis and orchitis	617	
Appendicitis	608	
Mumps	591	
Eye affections	591	
Ear affections	527	
Dengue	398	
Hernias	364	
Phimosis	340	
Hemorrhoids	318	
Intestinal catarrh	311	
Deformities	298	
Gastric catarrh	280	
Tuberculosis (all forms)	255	
Alcoholism	241	
Burns	216	
Heart affections	188	
Flat feet	181	
Pneumonia	172	
Measles	169	
Varicocele	168	
Liver affections	157	
German measles	156	
Ankylostomiasis	148	
Pleurisy	141	
Vaccina	139	
Dysenteric affections	127	
Heat affections	106	
Arthritis	105	

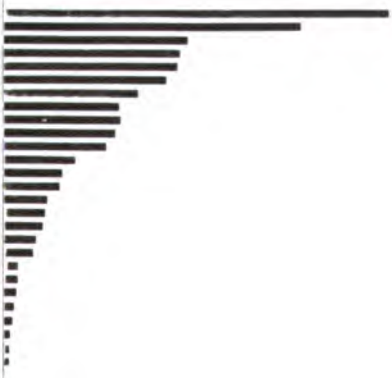
TABLE No. 8.—*Table showing relative increase and decrease of diseases and injuries in the Navy and Marine Corps for the year 1912.*

Classification.	Number.		Ratio per 1,000.		Decrease.		Increase.	
	1911	1912	1911	1912	Number.	Rate.	Number.	Rate.
Average number in service	61,399	61,897					498	
Alcoholism	270	241	4.39	3.89	29	0.50		
Appendicitis and peritonitis	540	614	8.79	9.93			74	1.14
Contagious diseases	6,456	6,871	105.14	111.00			415	5.86
Digestive organs, general diseases of	1,879	1,743	30.60	28.15	136	2.45		
Dysenteric affections	120	132	1.95	2.13			12	.18
Ear affections	547	527	8.90	8.51	20	.39		
Eye affections	845	591	13.76	9.54	254	4.22		
Genito-urinary (nonvenereal)	946	884	15.40	14.28	62	1.12		
Heart affections	233	193	3.79	3.11	40	.68		
Heat affections	90	82	1.46	1.32	8	.14		
Injuries	5,004	4,901	81.49	79.17	103	2.32		
Malaria	743	720	12.10	11.63	23	.47		
Mental diseases	214	201	3.48	3.39	13	.09		
Neurasthenia	138	106	2.24	1.71	32	.51		
Respiratory diseases, except pneumonia and tuberculosis	1,379	1,266	22.45	20.46	113	1.99		
Rheumatic affections	906	820	14.75	13.24	86	1.51		
Skin diseases	2,407	2,288	39.20	36.96	119	2.24		
Suicides	22	16	.35	.25	6	.10		
Tuberculosis	350	255	5.70	4.11	95	1.59		
Typhoid fever	258	57	4.20	.92	201	3.28		
Venereal diseases	11,271	10,580	183.56	170.92	691	12.64		
Total for above causes	34,618	31,088	563.82	502.25	3,530	61.57		
Total for all other causes	4,032	4,879	65.66	78.82			847	13.16
Total for all causes [1]	38,650	35,967	629.48	581.07	2,683	48.41		
Died [1]	253	253	4.12	4.08		.04		
Invalided from service [2]	1,675	1,469	27.28	23.73	206	3.55		
Total number of sick days [2]	670,795	644,036	10,925.17	10,404.96	26,759	520.21		
Average number of days per individual [2]	10.92	10.40	.17	.16	0.52	01		

[1] Number does not include those under treatment at sanatorium for tuberculosis and hospitals for the insane.

[2] Number includes those sent to sanatorium for tuberculosis and hospitals for the insane.

TABLE No. 9.—*Retirements and discharges from the Navy and Marine Corps for physical disability during the year 1912.*

Cause of disability.	Officers.	Enlisted men.	Total.	Relation by scale.
Tuberculosis (all forms)	6	270	[1]276	
Mental affections	7	208	[2]215	
Flat feet		132	132	
Ear affections	3	123	126	
Deformities		124	124	
Nervous affections		116	116	
Heart affections	2	92	94	
Eye affections	5	77	82	
Gonorrheal affections		82	82	
Syphilitic affections		80	80	
Genito-urinary (nonvenereal)	1	72	73	
Rheumatic affections	1	49	50	
Hernias	1	40	41	
Respiratory affections		39	39	
Injuries	1	31	32	
Nutritive affections		30	30	
Locomotive organs, affections of		29	29	
Digestive system, affections of		22	22	
Skin diseases		19	19	
Circulatory diseases	3	6	9	
Drug habit		9	9	
Alcoholism		7	7	
Dysenteric affections	2	4	6	
Lymphadenitis		4	4	
Appendicitis		3	3	
Malaria		1	1	
Tumor		1	1	
Total	32	1,670	1,702	

[1] Includes 166 cases transferred to sanatorium for tuberculosis.

[2] Includes 81 cases transferred to hospitals for the insane.

TABLE No. 10.—*Mortuary record for the Navy and Marine Corps for the year 1912.*

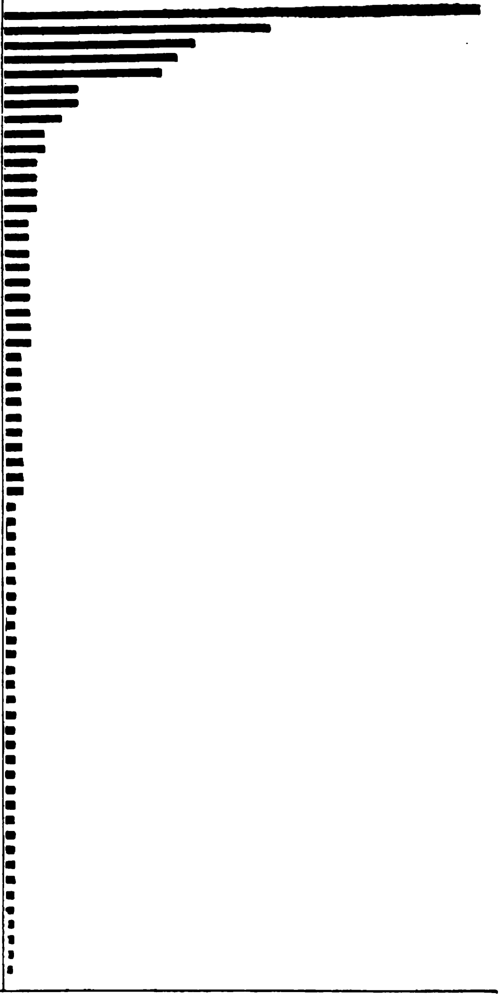
Cause.	Number of cases.			
	Force afloat.	Stations and yards.	Hospitals and hospital ships.	Total.
Abscessus (appendicular, 1; liver, 2; lung, 1; mediastinal, 1; submaxillary, 1; unqualified, 1)		1	6	7
Alcoholismus	1		1	2
Ambustio ex calore (burns) (gasoline, 1; steam, 8)	2	1	6	9
Ambustio ex electricitate	1			1
Anemia perniciosa	1	1	1	3
Aneurysma		1		1
Angina pectoris	1			1
Apoplexia		1		1
Appendicitis	1	1	1	3
Asphyxia (gas, 1; hanging, 1; suffocation, 1)	3			3
Asphyxia ex submersione (drowning)	39	7	11	57
Asthma	1			1
Bronchocele			1	1
Bronchopneumonitis	2		1	3
Carcinoma (stomach)			4	4
Catarrhus gastricus acutus	1			1
Cellulitis			1	1
Cholangeitis	1			1
Contusio (eye, 1; spine, 1)	1		1	2
Cordis dilatatio	2	1	1	4
Cordis valvularum morbus	1	2	2	4
Dementia (paralytica, 2; syphilitic, 1; unqualified, 2)			5	[1] 5
Diabetes mellitus			1	1
Dislocatio (spine)		1		1
Embolismus (cerebral)	1			1
Endocarditis		1	2	3
Febris cerebro-spinalis		4	5	9
Febris flava	1	1		2
Febris pneumonica	2	2	19	23
Febris rheumatica	1			1
Febris typhoides		1	1	2
Fractura (rib, 1; skull, 18; spine, 2)	15	3	3	21
Hemiplegia	1		1	2
Hepatitis chronica		1		1
Ictus electricus (lightning stroke)		1		1
Malaria	1	1	1	3
Mastoiditis			1	1
Membri clades	1			1
Meningitis	1		2	3
Morbus addisonii			1	1
Myocarditis	1		1	2
Nephritis acuta			1	1
Nephritis chronica		1	1	2
Obstructio intestinalis	1			1
Peritonitis		1	3	4
Pleuritis purulenta			4	4
Prostratio thermica (heat prostration)	1			1
Pyemia		1		1
Rabies			1	1
Sarcoma			2	2
Scarlatina	1		2	3
Septicemia			2	2
Status lymphaticus	1			1
Thrombosis	1			1
Tonsillitis (aurens infection)		1		1
Tuberculosis (intestinal, 1; pneumonic, 30; spine, 1)		2	30	[2] 32
Ulcus duodenum			1	1
Uremia			1	1
Variola	1			1
Venenum neuroticum (poisons)			1	1
Visceris ruptio (liver, 1; lung, 1)	2			2
Vulnus incisum (eye, 1; throat, 2)	1	1	1	3
Vulnus laceratum (chest)	1			1
Vulnus punctum (chest)	1			1
Vulnus sclopeticum (gunshot wounds) (chest, 6; heart, 3; lung, 2; skull, 5; thigh, 1; unqualified, 2)	5	11	3	19
Total	99	50	133	282

[1] 5 cases Government Hospital for the Insane.

[2] 24 cases sanatorium for tuberculosis.

Table No. 11.—*Mortuary record for the Navy and Marine Corps, relation by scale, for the year 1912.*

Cause.	No. of cases.
Asphyxia ex submersione	57
Tuberculosis	32
Febris pneumonica	23
Fractura	21
Vulnus sclopeticum	19
Ambustio ex calore	9
Febris cerebro-spinalis	9
Abscessus	7
Cordis valvularum morbus	5
Dementia	5
Carcinoma	4
Cordis dilatatio	4
Peritonitis	4
Pleuritis purulenta	4
Anemia perniciosa	3
Appendicitis	3
Asphyxia	3
Bronchopneumonitis	3
Endocarditis	3
Malaria	3
Meningitis	3
Scarlatina	3
Vulnus incisum	3
Alcoholismus	2
Contusio	2
Febris flava	2
Febris typhoides	2
Hemiplegia	2
Myocarditis	2
Nephritis chronica	2
Sarcoma	2
Septicemia	2
Visceris ruptio	2
Ambustio ex electricitate	1
Aneurysma	1
Angina pectoris	1
Apoplexia	1
Asthma	1
Bronchocele	1
Catarrhus gastricus acutus	1
Cellulitis	1
Cholangeitis	1
Diabetes mellitus	1
Dislocatio	1
Embolismus	1
Febris rheumatica	1
Hepatitis chronica	1
Ictus electricus	1
Mastoiditis	1
Membri clades	1
Morbus Addisonii	1
Nephritis acuta	1
Obstructio intestinalis	1
Prostratio thermica	1
Pyemia	1
Rabies	1
Status lymphaticus	1
Thrombosis	1
Tonsillitis	1
Ulcus duodenum	1
Uremia	1
Variola	1
Venenum neuroticum	1
Vulnus laceratum	1
Vulnus punctum	1



Relation by scale.

Classes (and rate per 1,000 of personnel in each occupation).	Officers.		Artificers.				Miscellaneous force.						Seaman branch.			Totals by classes.				
	Navy and Marine.	Midshipmen (undergraduate).	Electricians.	Engine room.	Fireroom.	All others.	Clerical.	Culinary.	Hospital.	Marines.	Musicians.	Prisoners.	Apprentice seamen.	Ordnance.	All others.	Total number.	Deaths.	Invalided from service.	Sick days.	Total damage.[1]
Average number in service, 1912	3,419	722	1,747	3,351	10,947	1,348	1,243	3,303	1,228	9,418	1,053	911	2,908	1,907	18,392	61,897	......	......	......	......
ADMISSIONS.[2]																				
Alcoholism	15	....	2	26	58	15	11	8	4	52	4	1	....	6	39	241	2	6	1,909	....
Rate	4.38	....	1.14	7.75	5.29	11.12	8.84	2.42	3.25	5.52	3.79	1.09	....	3.14	2.12	3.89	0.03	0.09	30.84	8.66
Appendicitis and peritonitis	48	8	15	24	138	13	13	17	37	77	6	7	20	11	180	614	7	3	21,923	....
Rate	14.03	11.08	8.58	7.16	12.60	9.64	10.45	5.14	30.13	8.17	5.69	7.68	6.87	5.76	9.78	9.93	.11	.04	354.18	63.75
Contagious diseases	275	316	145	200	1,095	105	112	214	113	993	72	62	997	114	2,058	6,871	36	1	59,637	....
Rate	80.43	437.67	82.99	59.68	100.02	77.89	90.10	64.78	92.01	105.43	68.37	68.05	342.84	59.78	111.89	111.00	.58	.01	963.48	180.73
Digestive organs, general diseases of	155	92	37	95	274	38	31	63	35	331	17	17	47	34	477	1,743	5	13	29,496	....
Rate	45.33	127.42	21.17	28.34	25.02	28.18	24.93	19.07	28.50	35.14	16.14	18.66	16.16	17.82	25.93	28.15	.08	.20	476.53	89.13
Dysenteric affections	4	....	2	4	15	3	2	6	3	62	2	......	2	4	23	132	......	4	2,725	....
Rate	1.16	....	1.14	1.19	1.37	2.22	1.60	1.81	2.44	6.58	1.89	......	.68	2.09	1.25	2.13	......	.06	44.02	9.28
Ear affections	26	13	9	12	103	6	8	9	13	75	7	5	92	9	140	527	1	114	13,100	....
Rate	7.60	18.00	5.15	3.58	9.40	4.45	6.43	2.72	10.58	7.96	6.64	5.48	31.63	4.71	7.61	8.51	.01	1.84	211.64	92.22
Eye affections	47	39	26	33	83	11	17	17	16	98	7	5	31	14	147	591	......	72	15,661	....
Rate	13.74	54.01	14.88	9.84	7.58	8.16	13.67	5.14	13.02	10.40	6.64	5.48	10.65	7.34	7.99	9.54	......	1.16	253.01	78.60
Genito-urinary (nonvenereal)	47	17	26	35	187	14	28	36	20	144	10	10	62	23	225	884	4	68	19,952	....
Rate	13.74	23.54	14.88	10.44	17.08	10.38	22.52	10.89	16.28	15.28	9.49	10.97	21.31	12.06	12.23	14.28	.06	1.09	322.34	89.75
Heart affections	9	2	6	9	37	3	4	11	3	29	4	1	29	5	41	193	16	83	6,106	....
Rate	2.63	2.77	3.43	2.68	3.37	2.22	3.21	3.33	2.44	3.07	3.79	1.09	9.97	2.62	2.22	3.11	.25	1.34	98.64	64.99
Heat affections	4	....	2	9	45	1	1	......	......	3	......	......	....	......	17	82	1	1	406	....
Rate	1.16	....	1.14	2.68	4.11	.74	.80	......	......	.31	......	......	....	......	.92	1.32	.01	.01	6.55	1.67
Injuries	177	112	117	264	1,009	105	55	188	69	646	44	39	267	150	1,659	4,901	106	181	95,096	....
Rate	51.76	155.12	66.97	78.78	92.17	77.89	44.24	56.91	56.18	68.59	41.78	42.80	91.81	78.65	90.20	79.17	1.71	3.02	1,536.35	405.42
Malaria	25	1	11	33	89	14	7	27	9	298	6	4	23	11	162	720	3	......	6,376	....
Rate	7.31	1.38	6.29	9.84	8.12	10.38	5.63	8.17	7.32	31.64	5.69	4.39	7.90	5.76	8.81	11.63	.04	......	103.00	18.56
Mental diseases	8	....	7	10	50	2	3	9	6	35	1	7	17	5	41	201	......	140	6,462	....
Rate	2.33	....	4.00	2.98	4.56	1.48	2.41	2.72	4.88	3.71	.94	7.68	5.84	2.62	2.22	3.39	......	2.26	104.39	87.27
Neurasthenia	34	....	3	12	14	2	5	1	5	10	2	......	1	3	14	106	......	17	4,802	....
Rate	9.94	....	1.71	3.58	1.27	1.48	4.02	.30	4.07	1.06	1.89	......	.34	1.57	.76	1.71	......	.27	77.58	21.04

Respiratory diseases (except pneumonia and tuberculosis)	95	54	39	39	169	12	18	41	32	184	11	5	264	22	281	1,266	8	159	24,597	....
Rate	27.78	74.79	22.32	11.63	15.43	8.90	14.48	12.41	26.05	19.53	10.44	5.48	90.78	11.53	15.27	20.46	.12	2.56	397.38	143.60
Rheumatic affections	42	4	12	45	201	21	12	30	9	142	12	7	54	15	214	820	1	72	24,463	....
Rate	12.28	5.54	6.86	13.42	18.36	15.57	9.65	9.08	7.32	15.07	11.39	7.68	18.56	7.86	11.63	13.24	.01	1.16	395.22	102.13
Skin diseases	64	180	35	95	389	38	23	85	24	328	18	29	155	50	775	2,288	8	19	28,733	....
Rate	18.71	249.30	20.03	28.34	35.53	28.18	18.50	25.73	19.54	34.82	17.09	31.83	53.30	26.21	42.13	36.96	.12	.30	464.20	90.98
Suicides	....	....	1	1	4	......	......	1	......	4	......	......	1	......	4	16	16	......	16	....
Rate	....	....	.57	.29	.36	......	......	.30	......	.42	......	......	.34	......	.21	.25	.25	......	.25	7.78
Tuberculosis	11	1	9	14	47	3	7	22	10	38	1	4	21	4	63	255	9	193	11,448	....
Rate	3.21	1.38	5.15	4.17	4.29	2.22	5.63	6.66	8.14	4.03	.94	4.39	7.22	2.09	3.42	4.11	.14	3.11	184.95	131.84
Typhoid fever	10	....	3	1	8	......	......	1	2	7	3	2	8	1	11	57	2	......	5,234	....
Rate	2.92	....	1.71	.29	.73	......	......	.30	1.62	.74	2.84	2.19	2.75	.52	.59	.92	.03	......	84.55	14.85
Venereal diseases	44	12	175	462	2,581	196	153	635	109	1,953	85	23	271	187	3,694	10,580	......	156	147,787	....
Rate	12.86	16.62	100.17	137.86	235.77	145.40	123.08	192.24	88.75	207.36	80.72	25.24	93.19	98.05	200.84	170.92	......	2.52	2,387.62	481.55
Totals for above causes	1,139	851	682	1,423	6,596	602	510	1,421	519	5,509	312	228	2,362	668	10,295	31,088	225	1,302	525,929	....
Rate	333.13	1,178.67	390.38	424.64	602.53	446.58	410.29	430.21	422.63	584.94	296.29	250.27	812.24	350.28	559.75	502.25	3.63	21.03	8,496.84	2,199.81
Totals for all other causes	174	86	64	116	517	54	47	126	56	603	46	23	263	45	630	4,879	28	167	58,960	....
Rate	50.89	119.11	36.63	34.61	47.22	40.05	37.81	38.14	45.60	64.02	43.68	25.24	90.44	23.59	34.25	78.82	.45	2.69	952.55	258.11
Totals for all causes	1,313	937	746	1,539	7,113	656	557	1,547	575	6,112	358	251	2,625	713	10,925	35,967	253	[2] 1,469	584,889	....
Rate	384.03	1,297.78	427.01	459.26	649.76	486.64	448.10	468.36	468.24	648.97	339.98	275.52	902.68	373.88	594.00	581.07	4.08	23.73	9,449.39	2,457.92
Died	16	2	4	16	44	9	3	17	4	34	4	......	26	12	62	253	......	......	....	....
Rate	4.67	2.77	2.28	4.77	4.01	6.67	2.41	5.14	3.25	3.60	3.79	......	8.94	6.29	3.37	4.08	......	......	....	....
Invalided from service	19	1	38	44	241	20	24	71	27	326	19	8	282	20	329	[2] 1,469	......	......	....	....
Rate	5.55	1.38	21.75	13.13	22.01	14.83	19.30	21.49	21.98	34.61	18.04	8.78	96.97	10.48	17.94	23.73	......	......	....	....
SICK DAYS.																				
For all causes as noted above	30,385	8,197	13,191	28,911	116,868	12,746	8,992	27,836	10,330	104,278	4,690	4,034	41,990	12,608	159,833	584,889	......	......	....	....
For Naval Sanatorium for Tuberculosis	1,746	207	1,595	5,399	6,226	1,884	1,420	3,103	3,158	5,770	601	......	2,263	511	12,796	46,679	......	......	....	....
For hospitals for the insane	77	....	433	1,902	1,683	201	299	1,574	699	1,362	363	......	920	536	2,419	12,468	......	......	....	....
Total number of sick days [3]	32,208	8,404	15,219	36,212	124,777	14,831	10,711	32,513	14,187	111,410	5,654	4,034	45,173	13,655	175,048	644,036	......	......	....	....
Average number of days per individual	9.42	11.63	8.71	10.80	11.39	11.00	8.61	9.84	11.55	11.82	5.36	4.42	15.53	7.16	9.51	10.40	......	......	....	....
Total damage [1]	105.30	24.40	62.54	128.67	482.76	54.86	42.63	132.45	54.15	484.07	26.85	14.84	277.13	53.01	673.14	2,673.95	......	......	....	....

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[1] Total damage in terms of individuals whose loss of service by sickness, discharge, or death would be represented as continuous throughout the year.

[2] Number does not include those under treatment at sanatorium for tuberculosis and hospitals for the insane.

[3] Number includes those sent to the sanatorium for tuberculosis and hospitals for the insane.

TABLE No. 13.—*Table of surgical operations for the year 1912.*

Operation for—	Character or name of operation.	Result.						Anæsthetic employed.							
		Cured.	Improved.	Unimproved.	Transferred.	Died.		Chloroform.	Chloroform-ether.	Ether.	Ether-gas.	Ether-gas-oxygen.	Gas-oxygen.	Local.	None.
						Number.	Immediate cause.								
Abdominal adhesions	Laparotomy	2							1	1					
Abscess:															
Abdominal	Incised and drained.	3								3					
Appendicular	McBurney		1							1					
Do	Rectus incision	2								2					
Brain	Drained		1							1					
Liver	do	2				1	Exhaustion			3					
Do	do					1	Pneumonia			1					
Lung	Rib resection					1	do			1					
Peri-nephritic	Incised and drained.	1								1					
Peritoneal			2					1	1						
Shoulder	Excision of part of scapula.		1							1					
Subphrenic	Incised and drained.		3					2		1					
Thumb	Amputation	1								1					
Undefined	Incised and drained.	356						2		6			2	112	234
Adenitis, inguinal	Excised	76	24		6			6	8	52	4	3	3	23	7
Do	Incised	216								56			27	43	90
Aneurysm:															
Aorta	Exploratory			1							1				
Anterior temporal	Ligation	1								1					
Ankylosis, fingers	Tendons freed	1								1					
Appendicitis	Appendectomy	474	1	2	12	4	1, pneumonia; 1, fatty heart; 1, septicemia; 1, gangrene.	16	8	401	19	1	48		
Avulsion:															
Fingers	Amputation	2											2		
Leg	Removal of projection.	1								1					
Bronchocele (goiter)	Thyroidectomy	4	2							6					
Bursa	Excised and incised.	14								4				7	3
Calculus	Removal		1							1					

Carbuncle	Excised and incised.	8								1				7	
Carcinoma:															
Neck						1	**Shock**			1					
Liver	Paracentesis	1											1		
Do	Laparotomy		1										1		
Tongue	Excision, glands		1							1					
Do	Excision, tongue		1							1					
Cataract	Extraction	4												4	
Cellulitis, undefined	Incision	10								3				7	
Chalazion	Removed	7												7	
Cholecystitis	Cholecystotomy	6	2	1	1					9	1				
Cholelithiasis	do	4	2			1	**Not given**			7					
Colitis	Appendectomy		1							1					
Do	Colotomy					1	**Tuberculosis intestine**			1					
Contracture, foot	Tendons excised	1											1		
Cysts and growths	Incised and removed.	110						2		17			2	62	27
Dead fetus	Embryotomy					1	**Sepsis**			1					
Deformity:															
Arm	Wiring radius		1							1					
Fingers	Amputation	5	4							4				5	
Do	Corrected	14	6					3	2	7			2	4	2
Nasal passage	do	104	30											98	36
Toes	Amputation	9	2					2		6				3	
Do	Corrected	9	4					1		6			2	4	
Diagnosis undetermined	Laparotomy			1						1					
Dislocation:															
Ankle	Osteotomy		1							1					
Do	Arthrodesis		1							1					
Do	Reduction	2								2					
Cartilage, knee	Anchored	1								1					
Do	Removal of	7	2		1					6			4		
Clavicle	Wired and plated	1								1					
Do	Capsule repaired	1								1					
Sacro-iliac joint	Reduction		1							1					
Shoulder	Lane plate	1								1					
Do	Capsule repaired	1								1					
Ectropion	Removed	3												3	
Elephantoid scrotum	Excision of tissue	1						1							
Empyema	Rib resection	4	1					2		2				1	
Do	Thoracentesis		1					1							
Endometritis	Tissue removed	1								1					
Epididymitis	Excision of part		3							3					
Exophthalmic goiter	Thyroidectomy		1							1					
Exostosis, toes	Mayo's	2								2					
Do	Amputation	3						3							
Fistula in ano	Repaired	32	11					8	3	10		4	7	8	3
Fistula, undefined	do	22						2		9	2		7	2	
Foreign body, knee joint	Removed	10								5				5	

TABLE No. 13—*Table of surgical operations for the year 1919*—Continued.

Operation for—	Character or name of operation.	Result.						Anæsthetic employed.							
		Cured.	Improved.	Unimproved.	Transferred.	Died.		Chloroform.	Chloroform-ether.	Ether.	Ether-gas.	Ether-gas-oxygen.	Gas-oxygen.	Local.	None.
						Number.	Immediate cause.								
Fracture:															
Clavicle	Exploratory			1							1				
Do	Removal bone plate.	1								1					
Femur	Wired	2	1							3					
Fingers	Amputation	1								1					
Do	Repaired		1		1					1				1	
Foot	Metatarsal osteotomy.		1							1					
Humerus	Fragments adjusted.				1					1					
Do	Splinted	1													1
Do	Wired	1								1					
Crest of ilium	do	1								1					
Jaw	Removal of bone	1	2					1		2					
Do	Wired	2	1			1	Septicemia	2							2
Molar	Reduced	1													1
Olecranon	Nailed to shaft	2								1			1		
Do	Nerve freed	1								1					
Do	Removal bone		1							1					
Patella	Wiring	2								2					
Pelvis	Cystotomy (suprapubic).					1	Shock							1	
Scapula	Wired		1							1					
Skull	Decompression	1								1					
Do	Osteoplastic flap and clot removal.					1	Concussion			1					
Do	Trephining	3			1	1	do	1		4					
Do	do					1	Pneumonia			1					
Do	do					1	Cerebral hemorrhage	1							
Vertebra	Exploratory			1						1					
Temporal		1								1					
Tibia	Bone plate	2								2					
Do	Plate removal	1								1					
Tibia and fibula	Amputation	1								1					
Do	Splint and Buck's extension.		1												1
Do	Wire removed	1								1					

Do	Splinted	1						1							
Ulna	Bone plate	1								1					
Ulna and radius	Amputation	1								1					
Do	Lane bone plate	1								1					
Do	Wired		1		1			1			1				
Do	Fragments adjusted.				1					1					
Wrist	Reduction and splint.	1											1		
Undefined	Bone plate	6								4	1		1		
Ganglion	Excision	11						1		3				7	
Gangrene:															
Finger	Amputation	1												1	
Leg	do		2			1	Not given			1	2				
Gangosa, leg (71 years old).	do	1								1					
Hemorrhage:															
Abdominal	Laparotomy					1	Hemorrhage			1					
Cerebral	Decompression		1							1					
Hemorrhoids	Cautery and clamp, ligation and excision.	238						7	3	129	5	2	11	50	31
Hepatitis, suppurative	Laparotomy		1	1						2					
Do	McDill	1								1					
Hernia:															
Femoral	Bassini	4								2			2		
Do	Herniotomy	3								3					
Inguinal	Bassini	275	5		4			4	1	206	18	2	51	2	
Do	Ferguson	34			1			2		27	1	2		3	
Do	Herniotomy	18								17				1	
Do	Johns Hopkins	2								2					
Do	Andrews	9						1		8					
Thigh muscle	Suture of fascia	1						1							
Umbilical	Mayo's	7				1	Acute epidemic asthma.	1		4			3		
Ventral	Herniotomy	27								24			3		
Hydrocele	Excision and incision.	47	8					2		38	2		5	8	
Hypospadias	Corrected	3								2				1	
Ingrowing nails	Removed	49												49	
Intracranial injury	Craniotomy					1	Cerebral compression			1					
Iris, prolapse of	Removal	1												1	
Iritis	Iridectomy	2												2	
Jaundice	Laparotomy					1	Appendicitis			1					
Kidney removal	Nephrectomy	1								1					
Ludwig's angina	Incised and drained.					1	Not given			1					
Lymphadenitis, undefined.	Excised and incised.	37						2		15				11	9
Mastoiditis	Radical	14	2		2	1	Tuberculosis		2	16	1				

TABLE No. 13.—*Table of surgical operations for the year 1912*—Continued.

Operation for—	Character or name of operation.	Result.						Anæsthetic employed.							
		Cured.	Improved.	Unimproved.	Transferred.	Died. Number.	Died. Immediate cause.	Chloroform.	Chloroform-ether.	Ether.	Ether-gas.	Ether-gas-oxygen.	Gas-oxygen.	Local.	None.
Membranous pericolitis.	Removal of membrane.	1								1					
Meningitis	Trephining					1	Not given			1					
Multiple injuries	Amputation, arm					1	Concussion of brain								1
Necrosis:															
Fingers	Amputation	1												1	
Undefined	Curetted and incised.	18	7							14		2	2	7	
Nephrolithiasis	Removal of stones.	1						1							
New growth, pancreas and gall bladder.	Laparotomy			1						1					
Obstruction, intestinal	do	3				1	Carcinoma			2			2		
Do	Infant (11 days old), abdominal section.					1	Volvulus	1							
Do	do					1	Not given			1					
Osteomyelitis:															
Femur	Drainage		1							1					
	Osteotomy	1	1							1			1		
Tibia	Curetted		1					1							
Ovarian cyst	Oophorectomy	1								1					
Pancreatitis	Cholecystocolostomy.	2								2					
Paracentesis	Thorax	7								1				6	
Do	Ear drum	13												6	7
Do	Abdominal	2								1				1	
Perforation ileum (typhoid fever).	Laparotomy, purse-string suture.	1								1					
Periostitis	Curetted and incised.	15						2		9				4	
Peritonitis	Incised and drained.	4				1	Perforation			5					
Do	do					2	Peritonitis							2	
Phimosis	Circumcision	318								4				314	
Pleuritis:															
Acute	Thoracentesis	8	5											3	10
Purulent	Curetted		1							1					

Do	Rib resection	2	2		1	1	Not given	8					1	8	2
Do	Thoracentesis	4	2	2											
Prolapsis ani	Pleated and fixed	1								1					
Do	Whitehead	1								1					
Prostatitis	Curetted	1								1					
Pterygium	Removed	40												40	
Pyelitis	Nephrectomy		1							1					
Pyonephrosis, tuberoular.	Incised and drained.		1							1					
Pyosalpinx	Hysterectomy					1	Peritonitis			1					
Ruptured:															
Kidney	Nephrectomy				1					1					
Muscle	Tenorrhaphy, hand.				1					1					
Spleen	Splenectomy	2								1			1		
Salpingo-oophoritis	Salpingo-oophorectomy and round ligaments shortened.	1								1					
Do	Salpingo-oophorectomy.	1								1					
Sarcoma, intestine	Abdominal section					1	Shock			1					
Do	Excision		1			1	do			2					
Sinusitis	Curetted	16								8				8	
Do	Rib resection	1												1	
Skin donor	Skin graft	2												2	
Synovitis, knee	Removal of fringe			1						1					
Tonsillitis	Incised	18												13	5
Do	Excision	203												203	
Transfusions	Saline	1												1	
Tuberculosis:															
Epididymis	Excision	1								1					
Glands of neck	do		1							1					
Hip joint	Aspiration	1													1
Spine	Exploratory			1									1		
Do	Bone transplantation.		1							1					
Testicle	Orchidectomy	7								7					
Ulcer:															
Duodenal	Laparotomy	3								2			1		
Gastric	Gastroenterostomy	5								4			1		
Do	Exploratory		1							1					
Undefined	Curetted and excised.	331												298	33
Union of bone faulty	Radius fractured		1							1					
Do	Rib transplanted		1							1					
Do	Tibia, Lane plate		1		1					2					
Uterine retroversion	Ovarian section	1								1					
Varicocele	Excision and incision.	139						6	3	83	2	1	14	30	
Varicose veins	Excised	59						1		34			5	19	
Vesiculitis, seminal	Drained	1								1					

TABLE No. 13.—*Table of surgical operations for the year 1912*—Continued.

Operation for—	Character or name of operation.	Result.						Anæsthetic employed.							
		Cured.	Improved.	Unimproved.	Transferred.	Died.		Chloroform.	Chloroform-ether.	Ether.	Ether-gas.	Ether-gas-oxygen.	Gas-oxygen.	Local.	None.
						Number.	Immediate cause.								
Wound:															
Contused—															
Fingers	Amputation	1											1		
Skull	Craniotomy					1	Concussion			1					
Toes	Amputation	2								1				1	
Gunshot—															
Abdomen	Stomach sutured					1	Not given					1			
Forearm	Sequestrectomy	1						1							
Foot	Bone fragments removed.	2								2					
Hand	Amputation		1							1					
Do	Bones wired	2								2					
Leg	Curetted		1							1					
Pleura	Aspiration	1													1
Incised—															
Fingers	Amputation	1											1		
Neck	Ligation of arteries					1	Shock								1
Infected—															
Fingers	Amputation	2	1							1				2	
Foot	do	1								1					
Lacerated—															
Eye	Enucleation	1								1					
Fingers	Amputation	16	5		1			4		3	1			12	2
Hand	do		1							1					
Leg	Amputation, at knee.	1								1					
Do	Amputation, lower third.	1								1					
Toes	Amputation	3						1		1					1
Punctured, abdomen.	Closure of stomach.	1								1					
Undefined	Repaired	116						2		6			1	11	96
Total		3,062	167	13	35	36		90	29	1,292	59	16	196	1,158	478

TABLE No. 14.—*Statistical summary of the treatment and its results at the United States Naval Sanatorium for Tuberculosis at Las Animas, Colo., for the year 1912.*

Divisions.	Classification.						Total by divisions.	
	Incipient.		Moderately advanced.		Far advanced.			
	Number of cases.		*Number of cases.*		*Number of cases.*		*Number of cases.*	
Remaining from last year	65		63		18		146	
Readmitted from other places	68		94		15		177	
Original admissions from Las Animas	4		2		3		9	
Total	137		159		36		332	
Discharged from institution as—	Number.	Days.[1]	Number.	Days.[1]	Number.	Days.[1]	Number.	Days.[1]
Dead	....	....	11	2,033	15	3,012	26	5,045
Unimproved	37	9,079	51	13,119	4	1,998	92	24,196
Improved	37	7,472	22	6,254	5	593	64	14,319
Arrested	2	1,217	1	1,253	....	....	3	2,470
Apparently cured	4	551	1	1,413	....	....	5	1,964
Continued to next year	57	19,291	73	19,801	12	5,046	142	44,138
Total	137	37,610	159	43,873	36	10,649	332	92,132

[1] Total aggregate number of sick days since admission into sanatorium.

TABLE No. 15.—*Hospitals for the insane.*

REVIEW OF THE ADMISSIONS AND DISPOSITIONS OF CASES.

Classification.	Government Hospital for the Insane, Washington, D. C.	Mendocino State Hospital for the Insane, Talmage, Cal.	Total.
Taken up as—			
Remaining from last year	17	4	21
Admitted	1	....	1
Readmitted	70	25	95
Total	88	29	117
Disposition:			
Duty	....	2	2
Diagnosis changed	1	....	1
Deserted	1	3	4
Died	5	....	5
Invalided from service	36	....	36
Transferred	17	19	36
Continued to next year	28	5	33
Total	88	29	117
Total number of sick days	9,402	3,066	12,468

TABLE No. 15.—*Hospitals for the insane*—Continued.

OCCUPATIONAL GROUPING.

Classification.	Government Hospital for the Insane.				Mendocino State Hospital for the Insane, Talmage, Cal.				Total.			
	Number of cases.	Died.	Invalided from service.	Number of sick days.	Number of cases.	Died.	Invalided from service.	Number of sick days.	Number of cases.	Died.	Invalided from service.	Number of sick days.
Officers of the Navy and Marine Corps	1			77					1			77
Artificers:												
Electricians	3		2	321	1			112	4		2	433
Engine-room	12	1	2	1,252	3			487	15	1	2	1,739
Fireroom	13		7	1,188	11			587	24		7	1,775
All other	1		1	75	2			126	3		1	201
Miscellaneous force:												
Clerical	3		1	258	1			41	4		1	299
Culinary	9	1	2	1,164	3			776	12	1	2	1,940
Hospital Corps	4		4	423	1			276	5		4	699
Marines (enlisted force)	11		8	766	6			596	17		8	1,362
Musicians	3		2	517					3		2	517
Seamen branch:												
Apprentice seamen	7		4	891					7		4	891
Gunner's mates and turret captains	3	1		572	1			65	4	1		637
All other	18	2	3	1,898					18	2	3	1,898
Total	88	5	36	9,402	29			3,066	117	5	36	12,468

TABLE No. 16.—*Supernumeraries: Retired officers and men of the Navy and Marine Corps, officers and men of the* *(female), and civilians treated by the Naval Medical Corps.*

Place.	Taken up as—			Disposition.								Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Discharged from treatment.	Diagnosis changed.	Died.	Hospital.	Hospital for the insane.	Hospital for tuberculosis.	Transferred.	Continued to next year.	
Annapolis, U. S. S		5	1	5						1		49
Annapolis, Md.:												
Naval Academy		1					1					1
Hospital		10	6	14	2							306
Boston, Mass.:												
Receiving ship		1					1					1
Yard		2					2					2
Buffalo, U. S. S			1	1								22
Charleston, S. C. (yard)		4		4								32
Chelsea, Mass. (hospital)		20		16		1					3	592
Cuba (Guantanamo Station)		3		2							1	12
Georgia, U. S. S		1		1								5
Great Lakes, Ill. (hospital)		4		3		1						82
Guam	5	1,000	7	902	16	44					50	18,164
Key West, Fla		9		8							1	90
Las Animas, Colo. (hospital)	15	49	6	47		3					20	5,542
Mare Island, Cal.:												
Hospital	5	46	34	60	5	5		2	1		12	3,405
Receiving ship		3					3					3
Yard		17					17					17
Montgomery, U. S. S		2		2								38
Narragansett Bay, R. I.:												
Hospital	2	12	1	14		1						419
Training station		1		1								151
Nero, U. S. S		1		1								7
New Hampshire, U. S. S		1					1					6
New Orleans, U. S. S			1				1					1
New York, N. Y.:												
Hospital	7	53	23	57	9	7		3			7	2,586
Receiving ship		3		1			2					21
Yard		14				1	13					14
Norfolk, Va.:												
Hospital	11	29	73	79	17	1			2	1	13	3,076
Yard		62					62					62
Paducah, U. S. S		1		1								4

Place.	Taken up as—			Disposition.								Total number of sick days.
	Remaining from last year.	Admitted.	Readmitted.	Discharged from treatment.	Diagnosis changed.	Died.	Hospital.	Hospital for the insane.	Hospital for tuberculosis.	Transferred.	Continued to next year.	
Philadelphia, Pa.:												
Hospital	11	94	44	80	16	18		1		23	11	4,217
Receiving ship		2					2					2
Recruiting station		2		1			1					15
Yard		7					7					7
Philippines:												
Canacao Hospital	2	61	26	76	4	5				1	3	1,485
Cavite Station		5					5					5
Olongapo Hospital	4	76		65	1	9					5	1,481
Portsmouth, N. H. (hospital)		4		4								216
Puget Sound, Wash.:												
Hospital	1	12	20	33								642
Yard		1					1					1
San Francisco, Cal.:												
Recruiting station		1				1						1
Training station		3		2			1					40
Sitka, Alaska (hospital)		1		1								30
Solace, U. S. S. (hospital ship)	1	55	4	47	6					7		620
Washington, D. C.:												
Dispensary		14	4	2		7	9					98
Hospital	6	34	14	44	2	1					7	1,631
Total	70	1,726	265	1,574	78	105	129	6	3	33	133	45,201

II. GENERAL.

Table No. 17.

RECRUITING STATISTICS, NAVY AND MARINE CORPS, FOR THE YEAR 1912.

Total number.	Navy.	Marine Corps.	Entire service.
plicants:			
Original enlistment	66,674	43,712	110,386
Reenlistment	6,690	1,280	7,970
Total applicants	73,364	44,992	118,356
pplicants examined physically:			
Original enlistment	46,809	23,805	70,614
Ratio per 1,000 of applicants	702.05	544.58	639.70
Reenlistment	6,668	982	7,650
Ratio per 1,000 of applicants	996.71	767.18	959.84
Total applicants examined physically	53,477	24,787	78,264
Ratio per 1,000 of applicants	728.92	550.92	661.25
ccepted physically:			
Original enlistment	14,952	4,748	19,700
Ratio per 1,000 of applicants	224.25	108.62	178.46
Ratio per 1,000 of applicants examined physically	319.42	199.45	278.98
Reenlistment	5,998	791	6,789
Ratio per 1,000 of applicants	896.56	617.96	851.81
Ratio per 1,000 of applicants examined physically	899.52	806.49	887.45
Total accepted physically	20,950	5,539	26,489
Ratio per 1,000 of applicants	285.56	123.11	223.80
Ratio per 1,000 of applicants examined physically	391.75	223.46	338.45
Rejected physically:			
Original enlistment	31,857	19,057	50,914
Ratio per 1,000 of applicants	477.80	435.96	461.23
Ratio per 1,000 of applicants examined physically	680.57	800.54	721.01
Reenlistment	670	191	861
Ratio per 1,000 of applicants	100.14	149.21	108.03
Ratio per 1,000 of applicants examined physically	100.47	194.50	112.54
Total rejected physically	32,527	19,248	51,775
Ratio per 1,000 of applicants	443.36	427.80	437.45
Ratio per 1,000 of applicants examined physically	608.24	776.53	661.54
Enlisted:			
Original enlistment	11,723	3,337	15,060
Ratio per 1,000 of applicants	175.84	76.34	136.43
Ratio per 1,000 of applicants examined physically	250.44	140.18	213.27
Ratio per 1,000 accepted physically	784.04	702.82	764.46
Reenlistment	6,020	1,089	7,109
Ratio per 1,000 of applicants	899.85	850.78	891.96
Ratio per 1,000 of applicants examined physically	902.81	1,108.96	929.28
Ratio per 1,000 accepted physically	1,003.66	1,376.73	1,047.13
Total enlisted	17,743	4,426	22,169
Ratio per 1,000 of applicants	241.84	98.37	187.30
Ratio per 1,000 of applicants examined physically	313.08	178.56	283.25
Ratio per 1,000 accepted physically	846.92	799.06	836.91
Surveyed within four months for disabilities existing prior to enlistment	315	33	348
Ratio per 1,000 improperly accepted	15.03	5.95	13.13
Ratio per 1,000 improperly enlisted	17.75	7.45	15.69

TABLE No. 17—Continued.

PRINCIPAL CAUSES FOR REJECTION OF APPLICANTS EXAMINED PHYSICALLY.

Examined for—	Deformities.	Ear.		Eye.			Flat feet.	Hemorrhoids.	Heart affections.	Hernia or tendency to.	Mental diseases.	Nasal abnormalities.	Skin diseases.	Teeth defective.	Tuberculosis or suspects.	Varicocele and varicose veins.	Venereal diseases.	All other causes.
		Defective hearing.	Other diseases of.	Color blindness.	Defective refraction.	Other diseases of.												
Navy:																		
Original enlistment...	2,184	303	77	1,225	3,812	359	2,842	447	1,038	807	63	169	617	2,536	235	2,149	911	12,083
Reenlistment..........	20	51	3	18	121	8	21	9	51	23	3	2	17	53	9	22	56	183
Marine Corps:																		
Original enlistment...	563	448	187	619	1,948	375	1,621	312	723	450	223	266	349	1,405	320	993	825	6,991
Reenlistment..........	2	3	3	2	17	6	9	2	9	4	1	....	2	14	5	11	28	57
Accepted applicants reexamined at marine recruit depots..	52	14	23	9	6	9	41	2	51	21	9	5	11	22	34	13	23	110
Total.............	2,821	819	293	1,873	5,904	757	4,534	772	1,872	1,305	299	442	996	4,030	603	3,188	1,843	19,424

TABLE No. 18.—*Smallpox vaccinations in the Navy and Marine Corps during the year 1912.*

Classification.	Total number vaccinated.	Successful.	Unsuccessful.	Undetermined by reason of transfer.	Percentage of success.
No evidence of previous vaccination	5,088	2,197	1,579	1,361	43.18
Evidence of previous vaccination	22,579	6,607	13,046	2,877	29.26
Evidence of having had smallpox	418	52	276	90	12.44
Total	28,085	8,856	14,901	4,328	31.53

TABLE No. 19.—*Statement of work performed by the Record and Pension Division of the Bureau during the fiscal year ended June 30, 1913.*

Character of work.	Number.
Cases for Pension Bureau:	
Remaining on hand July 1, 1912	9
Received during the fiscal year ended June 30, 1913	1,378
Answered during the fiscal year ended June 30, 1913	1,381
Remaining on hand June 30, 1913	6
Cases for boards of medical examiners received and answered	568
Cases for Civil Service Commission received and answered	67
Cases for retiring boards received and answered	70
Miscellaneous communications, physical rejections, transfer of patients, etc	6,190
Reports of death received, acted upon, and filed	330
Reports of medical survey received, acted upon, and filed	2,815
Total number of communications acted upon	11,427
Average number of communications acted upon for each working day	38.06

III. FINANCIAL.

TABLE No. 20.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1913.*

Hospital at—	Total cost of maintenance.	Subsistence.	Maintenance per diem.	Subsistence per diem.
		Days.		
Annapolis, Md	$26,641.44	23,016	$1.157	$0.555
Canacao, P. I	48,346.18	41,389	1.168	.503
Chelsea, Mass	55,686.38	59,961	.9287	.5184
Guam	14,043.47	7,860	1.78	.56
Las Animas, Colo	115,121.26	99,525	1.156	.739
Mare Island, Cal	72,309.39	85,709	.843	.446
Narragansett Bay, R. I	59,836.09	40,954	1.46	.495
New York, N. Y	82,664.74	81,533	1.0138	.4634
Norfolk, Va	86,595.83	120,697	.71746	.45649
Olongapo, P. I	31,505.19	30,856	1.021	.433
Philadelphia, Pa	59,893.08	64,975	.9217	.5387
Port Royal, S. C	7,484.86	7,218	1.036	.497
Portsmouth, N. H	12,160.48	13,645	.8912	.5593
Puget Sound, Wash	35,237.45	32,388	1.0879	.5094
Washington, D. C	54,850.88	42,229	1.16	.602
Yokohama, Japan	6,008.38	3,432	1.75	.593

TABLE NO. 21.—*Statement of the activities of naval medical supply depots.*[1]

Supply depots.	Value of requisitions filled.
New York, N. Y.	$235,450.
Mare Island, Cal.	47,774.
Canacao, P. I.	11,[illegible]

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[1] The activities of these depots embrace the purchase of medical and surgical supplies, instrum furniture, etc., their delivery to ships, stations, and hospitals, and the acquisition of information conce ing the condition of the market and the sources of supply available in event of national emergency.

TABLE NO. 22.—*Statement of the naval hospital fund.*

The condition of the fund is as follows:

Balance on hand July 1, 1912	$19,276.
Transferred to credit since July 1, 1912	1,076,728.
Total	1,096,004.
Expended since July 1, 1912	1,087,224.
Balance on hand June 30, 1913	8,780.1

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NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT

OF THE

Surgeon General, U. S. Navy

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

TO THE

SECRETARY OF THE NAVY

FOR THE FISCAL YEAR

1914

WASHINGTON
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REPORT

OF THE

SURGEON GENERAL, UNITED STATES NAVY.[1]

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., September 16, 1914.

To: Secretary of the Navy.
Subject: Annual report for fiscal year 1914.

The following report of the activities of the bureau is submitted.

During the year from December 31, 1912, to January 1, 1914, the health of the Navy was good, and there was a satisfactory improvement over the preceding year, as shown by the following table, which gives the admissions and readmissions, sick days, and deaths per 1,000 of the personnel of the Navy and Marine Corps for the average year, for 1912 and for 1913.

Term.	Admissions and readmissions, all causes.	Sick days.	Deaths.
Average, years 1901–1910	897.35	10,871.12	5.38
1912	787.46	9,449.39	4.08
1913	760.03	10,041.41	3.82

The slight, but steady, improvement which has continued year by year for a considerable period is noted also for the year 1913.

DISEASES OF SPECIAL INTEREST.

MALARIA.—The incidence of this disease increased from 11.63 per thousand in 1912 to 12.07 in 1913. This increase is accounted for by the cases occurring on ships in Mexican waters. The value of screening was well demonstrated, those ships which were well screened escaping the disease or having only a few cases, while unscreened ships under the same conditions had a large number of cases. Efforts to prevent breeding of mosquitoes have been continued at all stations and have been successful except at certain places, particularly Annapolis, Mare Island, and Philadelphia, where breeding continues in areas adjacent to naval stations.

DIPHTHERIA.—Admissions increased from 0.93 per thousand in 1912, to 1.10 in 1913. As in 1912, there were no deaths from this disease. Several epidemics occurred during the year, but by early detection and isolation they were quickly controlled.

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[1] All statistics of health cover the calendar year 1913.

SMALLPOX ON U. S. S. "OHIO."—An outbreak of smallpox on the *Ohio* began in December, 1913, and there were 29 cases with 5 deaths.

The *Ohio* and *Vermont* visited Marseille and remained there for about a month. Liberty was freely granted during this time. Smallpox of a virulent type was known to be present in Marseille, and the weekly Public Health Reports, issued by the Public Health Service, showed many cases occurring, with a high mortality. The crew of the *Vermont* was carefully examined and general vaccination done before leaving for European waters. No smallpox appeared on the *Vermont*, although her men were exposed in the same manner as those of the *Ohio*.

There is no record of any vaccination having been done on the *Ohio* for two years before this outbreak, and vaccination of this crew immediately after gave 89.57 per cent of "takes," about what would be expected in an unprotected community.

The medical officer of the Naval Station, Guantanamo, states: "Of the 25 cases of smallpox received, 11 were of a serious confluent variety, and some of the 11 were malignant and hemorrhagic. In none of these cases could I find any scar of successful vaccination. The remaining 14 cases were all mild—varioloid in fact. All of these showed vaccination marks."

A draft of 100 recruits was received on the *Ohio* shortly before sailing for Europe. These men were freshly vaccinated, and no smallpox occurred among them.

As a result of this epidemic the *Ohio* was useless for military purposes for a long time, a considerable expense was incurred, and an incalculable amount of suffering endured by the personnel of the *Ohio* and by the relatives and friends of those on board. The incident shows the necessity for the greatest care on the part of every medical officer in assuring himself that every man for whom he is responsible is protected. This bureau has recommended certain changes in the Navy Regulations and Instructions which, if adopted, will decrease the chances of other outbreaks by adding to the thoroughness of protection. It should here be emphasized that the only satisfactory evidence of successful vaccination is the *pitted* vaccination scar.

TYPHOID FEVER.—The incidence of this disease in the service for the past five years is shown by the following table:

Typhoid fever.

Year.	Admitted.		Died.	Sick days.
	No.	Rate per 1,000.		
1909	189	3.30	17	10,378
1910	193	3.30	10	9,426
1911	222	3.61	15	14,034
1912	57	.92	2	5,234
1913	22	.33	4	1,067

It will be noted that a considerable decrease from 1912 occurred, and that the admissions in 1913 were less than 10 per cent of those in 1911. This is gratifying, but not satisfactory, since the Army, by the same means, has practically eradicated the disease. Omissions and clerical errors occur whereby men escape inoculation, and through conditions of transportation the prophylactic may be deteriorated when received at distant stations. These conditions require close study, and every effort will be made to discover and correct material or personal shortcomings which interfere with perfect protection against the disease.

No one knows how long the immunity produced by the prophylactic will last. This question will arise. In fact, it has arisen already, and every effort should be made to attempt the solution of this question. The advice and work of our own specialists in connection with those of the Army and Public Health Service, it is hoped, will give us this information before the immunity is lost. A word of caution is needed. The tendency is to rest on a feeling of security developed by the results of the past two years, and any lack of care on the part of the individual medical officer to assure himself that every man under his care is absolutely protected may lead to failures.

TUBERCULOSIS.—The incidence of this disease is about the same as for the preceding year. Of the 367 patients treated during 1913 at the Naval Hospital, Las Animas, Colo., the Navy's sanatorium for tuberculosis, 10.3 per cent had concurrent syphilis. This complication adds greatly to the gravity of the disease, and when combined with alcoholism, as frequently occurs, the outlook is practically hopeless. Treatment by inhalation of creosote has given encouraging results. The treatment by graded rest and labor has been further elaborated and has fully justified all the expectations of those responsible for its adoption.

The Government maintains three sanatoria for tuberculosis, the Army, the Public Health Service, and the Navy having separate institutions, which are maintained at great expense. It is believed that these could be combined, and that a single institution could care for the patients of all three services at a greatly reduced expense and with no loss of efficiency. While the joint use of hospitals is not considered practical or desirable under usual conditions, the objections do not obtain in the case of tuberculosis sanatoria, since the patients of these institutions are rarely returned to duty, and their military efficiency may be considered as ended when treatment in a tuberculosis hospital is found necessary.

VENEREAL DISEASES.—The incidence of venereal infection shows a considerable decrease from that of 1912, as shown by the admissions per 1,000 in the following table:

Disease.	1911	1912	1913
	Admissions per 1,000.	Admissions per 1,000.	Admissions per 1,000.
Gonorrhea	92.15	87.29	80.69
Syphilis	27.11	23.00	21.94
Chancroid	31.41	35.04	28.13
Combined	150.68	145.33	130.78

To some extent this decrease is probably to be placed to the credit of the system of venereal prophylaxis and the increasing use of preventive packets which are purchased by the men. It must be borne in mind, however, that liberty has been granted less freely during this year than during the average year because of the presence of many ships for long periods in Mexican waters.

The present system of prophylaxis has been in force for about three years and it is now possible to draw definite conclusions as to its efficacy. In the Atlantic Fleet, from each ship of which uniform reports are available, the percentage of infection after prophylaxis for 1912 was 2.47 and for 1913, 3.47. The figures for these two years are so closely approximated that it is reasonable to assume that a standard for the method has been reached.

The Army works under a law which deprives all persons of their pay while unfit for duty by reason of this class of disease, and their experience with it has been such as to justify a strong recommendation for similar legislation in the Navy.

Appendicitis.—The incidence was practically the same as in 1912. In the Atlantic Fleet there were 173 cases with no deaths in 1912, and 168 cases with no deaths in 1913, a very creditable showing.

Alcoholism.—Admissions for this condition continue to decrease and the comparison of figures for 1913 with those of the preceding three decades indicates the improvement in this direction.

Period.	Complement.	Admissions.	Rate per 1,000.
1882–1892	11,775	291	24.71
1892–1902	31,240	248	7.93
1902–1912	61,897	241	3.89
1913	65,926	228	3.46

The efficiency of the habitual drinker is so lessened that he can not hold his own with rivals for advancement whose faculties are always alert. Men live in such close association on board ship that one who indulges in alcohol to excess causes discomfort to many others, who will not tolerate his presence. The development of this attitude of the men, with the recent order prohibiting the introduction of alcoholic liquors on ships and at stations, should cause a still greater reduction in alcoholism.

Mental diseases.—During the year of 1913 there was a slight increase in the rate for mental diseases over the previous year. The following table will show the rate for mental disorders since 1910:

1910 rate for mental disorders	5.20
1911 rate for mental disorders	4.25
1912 rate for mental disorders	3.97
1913 rate for mental disorders	4.11

The rate per 1,000 of those invalided from the service for mental disorders during the year 1913 was larger for the Marine Corps than for the Navy, the rate for the Navy being 1.81 per 1,000 against a rate of 2.33 per 1,000 for the Marine Corps. About 10 per cent of those admitted for mental diseases during the year were surveyed from the service within four months of the time of enlistment. A satisfactory method of detecting the mentally weak is receiving careful consideration by the Medical Department. A modification of the Binet-Simon method with suitable mental tests has been devised by Acting Asst. Surg. A. R. Schier, and his article has been published in the Naval Medical Bulletin and also has been published in the form of a reprint by the Marine Corps Publicity Bureau. At the same time careful mental examinations have been conducted by Passed Asst. Surg. G. E. Thomas at the naval prison, Portsmouth, N. H., using the Binet-Simon and other methods.

At the disciplinary barracks, Port Royal, S. C., examinations of this character have also been conducted by the medical officer and the material returned has been carefully studied. The subject has also received careful study by the medical officer stationed at the Government Hospital for the Insane with a view to devising, if possible, some mental test which would eliminate those liable to develop mental disorders or to become offenders against naval discipline.

The detection and exclusion of individuals of this class at the recruiting stations would not only greatly reduce the cost at the prisons and hospitals, but serve as an economic aid to other bureaus having to do with the personnel. This bureau is not satisfied that any of the intelligence tests used up to date are sufficiently exact to do any more than approximate the mental status of the individual under examination. It would appear that where the individual is examined by two or more examiners at different times different results are apt to be established, and while the results may not vary greatly, the difference is sufficient to show the unreliability of the test. Furthermore, the application of this test to 300 prisoners and to persons in the prison guard rated as good soldiers affords results which are disconcerting if we are to place any reliance upon the method. For instance, the results obtained from a group of 3 sergeants, 4 corporals, and 3 privates of the marine guard selected as above the average of efficiency show that the average mental age established was below that of the 300 prisoners under their care. In fact, the medical officer making the examination said that "if the Binet-Simon tests were applied to these men on enlistment and the maximum required, not one of them would have been taken into the service."

Furthermore, some of the prisoners whose records show them to be most undesirable in every way could pass a satisfactory examination by the Binet-Simon method, and would thus have been admitted to the service.

It therefore appears that the intelligence tests applied up to date are not satisfactory in determining the individual's degree of mentality, independent of other considerations.

The problem is one of considerable interest to the bureau because of its economic bearing on the service and the present lack of any satisfactory method of determining the mental status of the applicant for enlistment. Results which would justify a recommendation for the adoption of any system have not yet been accomplished; but the investigation will be continued until the advisability or inadvisability of adopting a mental examination before enlistment is determined.

SANITARY CONDITIONS AND MEASURES AFLOAT.

RATION.—The Navy ration is considered excellent in quality and sufficient in quantity. If any criticism can be made, it is that the quantity of meat and fats is too great, expecially in the Tropics.

A reduction in these, with an increase in vegetables, would be of advantage. Fruit is a most important element of the ration and the beneficial effects of fresh fruits are often observed. The quantity of fruit in the ration should be increased on going to sea, and much of the prevalent constipation would thus be obviated.

TOILETS.—The type of toilet equipment with which ships are now fitted has been found faulty in many respects and it is believed that a more satisfactory type could be obtained. Toilets should be installed in isolation wards and the bureau is informed that the ships about to be built will have toilets adjacent to isolation wards and restricted to use by the occupants of such wards. The present condition necessitates the use of close stools and these often have to be carried for a long distance and through several compartments before they can be emptied. Thus the danger of spreading contagious disease is greatly increased and the efforts at isolation are largely nullified.

CLOTHING.—The disadvantages of the white uniforms, to which attention has so often been called, were again illustrated when it became necessary to send the bluejackets ashore during the operations at Vera Cruz. As a makeshift, some of the men dyed their whites with a solution of iron sulphate; but this was far from satisfactory and would seldom be feasible. Several types of fabrics, such as khaki and forestry green, are available and would be more suitable for wear on board ship and particularly for expeditionary forces on shore; they have been adopted by many military organizations and their adoption by the Navy would be a great improvement over present conditions.

FIRST-AID INSTRUCTION.—Following a general order from the commander in chief, more interest has been shown in the giving of first aid to the enlisted personnel by division officers.

In some cases the officers show commendable zeal and a sense of the importance of this instruction, so valuable not only under actual fighting conditions but also for daily use. However, the feeling is that in general many officers do not realize the importance of this work and do not carry out the provisions of the order in regard to the instruction with the spirit and zeal to be desired. After two years of observation it is still a question if it would not be better to return to the former system of giving first-aid instruction by the medical officer and hospital corpsmen of each ship. The divisional officer does not feel that he is qualified or that it pertains to his duties. All active and interested medical officers rather feel that this work specially belongs to them; most of them feel that they have the time to give the instruction. It would also permit the medical officers to come in close contact with enlisted men and enable them to supplement the present meager instruction in first aid with many hygienic hints and suggestions as to their mode of life, and to call attention from time to time to points pertaining to the special locality or conditions existing. It is believed that careful consideration should be given this matter, possibly a board appointed to consider the question in all its phases and that, having determined how the object desired is best to be obtained, final and stringent steps should be taken to see that this work is not neglected.

HOSPITAL SHIP.—The hospital ship is generally conceded to be of the greatest value and it gives a real security, when present with the fleet, that is actual and important. For the treatment of special cases, both medical and surgical; the removal of all infectious diseases from the ships of the fleet; for consultation, access to every instrument and device for accurate diagnosis and treatment; a corps of specialists; as a supply ship; for emergency needs and as a medical base for possible expeditions—for all these and many other uses the hospital ship has been demonstrated to be an important and useful factor in the fleet, supplying the place and giving all the support that could be had from the best of our metropolitan hospitals, with the advantage of being able to move with the fleet. The influence for good of such a ship is constantly increasing and her usefulness has by no means reached its limit.

It is suggested that a paymaster be added to the complement of the officers on the hospital ship, as the present system of keeping the patients' accounts on their own ships and those of the hospital corpsmen on the flagship is a very complicated one, especially when the hospital ship has service separated from the flagship, as frequently occurs. This paymaster could also act as commissary officer.

During the early days of the occupation of Vera Cruz, when her presence there was most urgently needed, the *Solace* was forced to return north for necessary repairs to her machinery, leaving the fleet and the forces on shore without the hospital facilities which that vessel provides. This occurrence, while it had no serious results in this particular instance, illustrates the possibility of the fleet being deprived of the services of the hospital ship when of most importance, and justifies the strong recommendation that a second hospital ship be provided for the Atlantic Fleet. Also, the fleet is frequently separated, and, as one hospital ship can accompany but one portion of the fleet, the other must necessarily do without its services.

While the Pacific Fleet was in Mexican waters it had no proper hospital facilities and the need of a hospital ship in that fleet was great. It was necessary to send many patients north on colliers, which usually carry no medical officers, and, because of the shortage in the Medical Corps, it was not possible even to furnish a medical officer for every collier, though one was detailed especially for this purpose. A hospital ship for each fleet is a necessity.

For several years the bureau has been perfecting plans for rapid transformation of a merchant ship into a hospital ship, and a particular ship was selected for the purpose. The Vera Cruz situation demonstrated the weaknesses of such plans. When the ship was needed, it was sought also by the War Department and also by the Bureau of Supplies and Accounts of the Navy; authorization for its purchase and adaptation to hospital needs was delayed from day to day until finally the crisis was over. Had it been authorized, it would have taken at least six weeks to alter and equip the ship. In any war the Navy's work must be done early and quickly, and the need for hospital ships will be immediate; a delay of six weeks or even much less may see the passing of the period of greatest usefulness of such a ship—the period when her presence will be of greatest value and her absence will cause the greatest suffering. The conclusion is inevitable that the only way to have hospital ships in an emergency is to provide them in advance.

ENGINE ROOM CONDITIONS.—It is noted that on those ships where the experiment of closing in the engine room hatches and providing powerful exhaust blowers at the top of the engine room in addition to the powerful supply blowers at the bottom of the engine room has been tried it has proved to be a great success, and the engine room conditions on such ships are ideal, the temperature seldom going above 90° in moderate climates and often lower. The only drawback is the fact that if anything were to interfere with the system of ventilation—if a blower should become disabled either in ordinary use or, more important, in time of battle—the situation in the engine room would be unbearable. The solution of the engine room conditions seems to have been reached, the only question being whether we can always depend on uninterrupted power to the electric motors.

GENERAL PHYSICAL CONDITION OF THE PERSONNEL.—The general physical condition of the personnel is good. When it is considered that the average age is 22 years, it is not surprising that many men appear slender and immature. However, a short period in the service changes this condition and the men rapidly fill out and present a good musculature with healthy and progressive development. Groups of men have been selected from time to time at random and examination, stripped, has in most cases shown an unexpected and satisfactory physique.

Observation and reports seem to indicate that the Swedish system of physical training is the best factor in the physical development of the personnel that has been tried in the service. Daily observations, where this system is constantly in use and carefully carried out, as on the *Wyoming*, have been most satisfactory, and as the system becomes better known and is more intelligently used, it is believed that it will be the factor productive of most good to the physical well-being of the men. It has been suggested that the Swedish system, being taught at the Naval Academy, should be continued as a daily routine drill for these younger officers, most of whom now lead their divisions in the actual performance of the drill, thus setting an example to the men and assuring interest and zeal in carrying out the selected exercises.

It has been suggested that this daily drill would fulfill most systematically and fully the objects aimed at in the present requirements for the monthly physical exercise of officers, and could replace it up to perhaps the age of 40 years, after which time the physical exercise of officers over 40 should be determined by the board of medical officers making the yearly examinations, and should be prescribed for these older officers as their yearly examination may show their need. It would systematize and carry out in a rational manner the efforts that are being made at the present time to stimulate physical well-being, and its adoption is worthy of serious consideration.

SCREENING.—Ships visiting tropical waters should be thoroughly screened. This was demonstrated by the ships in Mexican waters, several ships having many cases of very severe malaria, while well-screened ships under the same conditions had none. A board has selected uniform types of nets for cots and head nets for issue to ships and expeditionary forces.

SANITARY MEASURES AND CONDITIONS ASHORE.

NAVAL ACADEMY, ANNAPOLIS, MD.—Preventible diseases have been almost entirely excluded from the brigade of midshipmen. This is due in large measure to the clean milk, pure water, and good food with which they are provided. By the score-card system the dairy was rated at 97.63 per cent of a possible 100. The medical officer in charge of family practice cared for 7,108 house visits and 3,810 office consultations during the year 1913.

NAVAL TRAINING STATION, GREAT LAKES, ILL.—The hospital at this station was reopened during the year, as the sick quarters proved insufficient for the number of patients.

NAVAL STATION, GUAM.—The general health at this station has been very good. The native population on December 31, 1913, was 12,501; during the year there were 590 births and 339 deaths. The improvement of the health of the natives was due to (1) establishment of waterworks and public latrines and showers in the smaller towns; (2) efficient street cleaning and disposal of refuse; (3) the course in general and personal hygiene given in the public schools; (4) reduction of the mortality of infants and children by education of midwives and instruction of parents, and treatment of intestinal parasitic infections of school children; (5) segregation of lepers and insane; (6) compulsory treatment of all cases of gangosa; (7) strict quarantine of passengers arriving in Guam.

NAVAL STATION, GUANTANAMO, CUBA.—The new station was completed and occupied in November, 1913. Hygienic conditions at this station are excellent. If this station is to become a permanent base, the most vital problem will be the selection of an adequate and permanent water supply. A consideration of the question resolves itself into the possibilities of (1) finding water on the reservation by artesian or other wells; (2) bringing water from outside the reservation from the streams and springs in the mountains, which would be attended with great expense and give a doubtful supply; (3) bringing water from the Guantanamo River, which seems to be the most feasible, least expensive, and amply adequate.

However, the senior medical officer of the station gives three reasons why water from that source should not be used for drinking purposes: (a) It is a sluggish stream whose entire source is surface drainage; (b) the watershed is inhabited and also used as a stock range; the number of people living on the watershed is increasing and will continue to do so in the future; (c) the watershed will be entirely outside of the reservation and will not be under our control. A large part of the present water supply is secured from the city of Guantanamo and this water is considered to be absolutely pure, coming out of a cave in an uninhabited mountain.

The following extract from the sanitary report of the senior medical officer of the station is worthy of notice: "In my opinion the securing of an adequate and proper water supply for this station which can be maintained in time of war is an impossibility."

A distilling plant with a capacity of 25,000 gallons has been put in operation at the new station.

Yellow fever was brought to Guantanamo on a merchant ship in July, 1913. A strict quarantine was established and efforts made to prevent infection by mosquitoes. No further cases occurred.

NAVY YARD, PHILADELPHIA, PA.—The sanitary condition of that part of the city of Philadelphia adjacent to the navy yard has been mentioned in several previous reports and still continues to be a menace to the health of the yard and the ships.

NAVAL STATION, SAMOA.—The native population on December 31, 1913, was 7,426. Treatment at the Samoan hospital was put on a free basis November 1, 1913, and every inducement is offered the natives to avail themselves of the free treatment. During the year 427 cases were admitted to the hospital.

NAVAL DISPENSARY, WASHINGTON.—The medical officers attached to this dispensary attended to 7,191 office calls and 3,279 house calls during the fiscal year 1914. The dentist attached to the dispensary treated 325 individuals, and there were 12,877 prescriptions filled during the same period. The satisfactory manner in which this enormous amount of work has been performed reflects credit upon the officers and hospital corpsmen on duty at the dispensary.

NAVAL HOSPITAL, LAS ANIMAS, COLO.—The number of patients treated at this hospital during 1913 was 367. As already stated, this bureau believes that a combined tuberculosis hospital for the Army, the Navy, and the Public Health Service could do the work now done by the sanatoria of the three services more efficiently and with a very great saving in the cost of operation.

NAVAL HOSPITAL, MARE ISLAND, CAL.—To relieve the crowded condition of this hospital and to anticipate the increased accommodations necessitated by the presence of the United States and foreign navies at the time of the Panama-Pacific International Exposition, authority was sought for construction of a temporary building, and this authority has been granted. Plans are now being prepared by the Bureau of Yards and Docks.

NAVAL HOSPITAL, PUGET SOUND, WASH.—Authority has been granted for construction of a temporary building to relieve the present overcrowded condition of this hospital and to provide additional facilities in anticipation of the increased work when the United States and foreign fleets visit the west coast at the time of the Panama-Pacific International Exposition.

SANITARY CONDITIONS AND MEASURES IN GENERAL.

RECREATION AND LIBERTY.—The beneficial effect of contentment on general health, and especially its effect both in preventing and in hastening recovery from, the minor ailments has been observed since the earliest days of the Navy. Liberality in granting liberty and the encouragement of healthful sports and recreations have helped in the continued improvement of health.

Of the recent developments of this idea the following are worthy of mention: In Samoa an enlisted men's club has been organized, and the medical officer states that its value can not be overestimated. It affords various means of amusement, such as magazines and newspapers, player piano, Victrola, pool tables, and bowling alleys. In the Atlantic Reserve Fleet a compartment on the *Mississippi* was set aside for recreation purposes and this was a subject of commendation by the medical officer because of its good effect in increasing contentment and improving the morale. The fleet surgeon of the

Pacific Fleet states that the wise rotation of swimming, boating, fishing, and camping parties for the men, frequent moving-picture shows, minstrel and vaudeville entertainments and competitive athletics of many sorts have contributed more than anything else to promote contentment and the mental and moral health of the crews, which underlie the excellent physical health existing generally throughout the fleet.

The unfavorable effect of deprivation of liberty is shown by the reports from ships whose presence in Mexican waters for prolonged periods was required at a time when it was not feasible to grant liberty.

The number of cases of boils and petty illnesses was increased and convalescence from more serious illness was prolonged. Since the practice of granting liberty has been resumed, those conditions are reported to be greatly improved.

EDUCATION.—As a part of the department's policy of systematic education of the enlisted personnel, the bureau has prepared a text book, the "Handy Book for the Hospital Corps." In this book the following subjects are treated in detail: Anatomy and physiology, first aid, emergency surgery, bandaging, field hygiene and sanitation, the march, hygiene and sanitation, personal hygiene, air and ventilation, prevention of disease, pharmacy, medicines and medicinal agents of the supply table, chemistry, naval hospitals, hospital duties and ward management, nursing, the operating room and surgical technique, and clerical duties. This book affords a valuable means for systematizing Hospital Corps instruction and will result in more satisfactory education of that corps.

PHYSICAL TRAINING.—The modified Swedish system which is being gradually introduced into the service has been the subject of much commendatory notice. This system aims to develop quickness and efficiency of the mind as well as of the body.

EXPEDITIONARY FORCES.—The recent maneuvers of the Advanced Base Brigade at Culebra, West Indies, afforded an unusual opportunity for the drill and observation of the Medical Department with landing forces and also to demonstrate the good and bad features of equipment for the same, including the new brigade medical outfit. The work of this brigade was an excellent preliminary training for the operations at Vera Cruz which found the brigade ready organized, equipped, and trained for its duties ashore.

OPERATIONS AT VERA CRUZ.—On April 21, 1914, the occupation of Vera Cruz was begun. The following medical officers landed on this day: Brigade surgeon, Surg. M. S. Elliott; regimental surgeons, Surg. Jacob Stepp, Passed Asst. Surgs. H. L. Kelley and J. B. Pollard, of the Second Regiment of Marines; Passed Asst. Surg. R. J. Straeten, battalion surgeon, U. S. S. *Florida*; Asst Surg. W. E. Eaton, battalion surgeon, U. S. S. *Utah*.

A field hospital was located in a frame building at Pier No. 4 in command of Surg. Jacob Stepp, with Passed Asst. Surgs. Kelley and Pollard as assistants. Passed Asst. Surg. R. J. Straeten accompanied the *Florida* battalion.

The ambulance party was divided so as to render aid to the different companies, and concerning their behavior the division surgeon makes the following statement: "The Hospital Corps and stretcher bearers of the ambulance party should be highly commended for their strict attention to duty and behavior under heavy fire. In the hottest skirmishes of the first day's firing, the wounded were attended to without the slightest delay and without a thought of the personal danger encountered in leaving cover."

Nineteen wounded were sent aboard the U. S. S. *Prairie* this day and were there attended by Passed Asst. Surg. Harry Shaw, United States Navy, with the able assistance of Fleet Surg. Pope, of H. M. S. *Essex*, the surgeon of the Spanish cruiser *Carlos V*, and Surg. J. M. Brister, of the *Utah*.

Twenty-two wounded and four dead were received at the field hospital on the 21st. During the day the hospital was under fire practically all the time, and several bullets went through the building.

The *San Francisco* battalion landed early in the morning of the 22d, and Passed Asst. Surg. T. W. Reed, with an ambulance party, established an aid station in a warehouse near the water front. The wounded received at this station, including three Mexicans, were promptly sent off to the *Solace*.

The *Arkansas* battalion landed at 3 a. m. on the 22d, with Passed Asst. Surg. S. L. Higgins and an ambulance party. This ambulance party did excellent work, and the members of it were frequently under fire.

The ambulance party of the *Utah's* battalion, under the direction of Asst. Surg. W. E. Eaton, performed their duty most creditably. These men were under fire during the entire afternoon of April 21, both in an exposed position at the place of landing, and on the firing line.

The Second Regiment of the Naval Brigade landed at 3.45 a. m. on the 22d. The medical officers of this regiment were: Regimental surgeon, Surg. C. D. Langhorne; battalion surgeons, Asst. Surgs. J. T. Borden and C. C. Wilson. There were 12 hospital corpsmen and a number of stretcher bearers. Surg. Langhorne, in his report, calls attention to the excellent work done by the hospital corpsmen. The casualties were as follows: April 21, killed, 4; wounded, 2; April 22, killed 13, wounded 41; total killed, 17; total wounded, 63.

During the remainder of the occupation the various medical officers and their detachments were occupied in looking out for their own men and organizing sanitary services.

The field station in the Terminal Hotel was kept in commission until the 25th. In addition to the regular detail, the following medical officers were on duty at this place: Surg. D. N. Carpenter, Surg. A. Stuart, Passed Asst. Surg. P. R. Stalnaker.

On April 23 an inspection was made of the city's four hospitals to determine their condition and availability for use. San Sebastian Hospital was placed under the charge of Surg. D. N. Carpenter, who had as assistants Passed Asst. Surgs. Kelley and Higgins.

Throughout all the reports from medical officers comments are frequently made on the manner in which the members of the Hospital Corps performed their duties. Undoubtedly many lives were saved by their unremitting labors while exposed to the enemy's fire.

For a year or more the necessity of landing forces on Mexican territory had appeared to be imminent enough to justify the formulation of complete plans for such a landing. The fleet surgeon of the Atlantic Fleet, with his assistants, had carefully worked out, in every detail, the equipment of the landing forces, the organization of the Medical and Hospital Corps, and the sanitary organization to take charge of the public health and sanitation of whatever cities might be occupied. The advance preparation of these plans greatly aided the smoothness of operation which characterized the entire maneuvers. The work of this brigade was an excellent preliminary training for the operations at Vera Cruz, which found the brigade ready organized, equipped, and trained for its duties ashore.

The sick and wounded who it was considered would not be available for duty within a very short time were transferred on the hospital ship *Solace* to the Naval Hospital, New York. These patients, as well as their friends and relatives, joined in praise and appreciation of the comfort and the complete facilities afforded both by the *Solace* and the Naval Hospital, New York. Not a single complaint has been heard of the conduct or treatment provided by any member of the Medical Corps or Hospital Corps.

After the arrival of the Army at Vera Cruz the bluejackets returned to the ships, while the marines remained with the Army on shore. Diarrhea and dysentery appeared among the men on shore, and, for a time, threatened to become a serious problem, but these diseases were probably fly-borne, and by sanitary measures, such as care and removal of kitchen waste, screening of kitchens, mess halls, and patients sick with these diseases, they have been practically eliminated. Malaria appeared when the rainy season came on, and a number of cases occurred, as it was impossible to protect by screens those men on outpost duty and those who were moving from place to place. The sick list, which was 3.18 per cent for the week ending June 3, has gradually decreased, and was only 1.90 per cent on August 25. This very creditable showing is the result of the careful observation of sanitary principles, and is a source of gratification to the whole Medical Department.

These activities at Vera Cruz taxed to the limit both the supplies and the personnel of the Medical Department. The stock of the medical supply depot at Brooklyn was entirely depleted in certain necessaries, and had the action been prolonged or of a greater scope it would have been necessary either to accept contributions of such supplies from the Red Cross, or similar organizations, or to purchase them in large quantities in the open market at a considerably advanced price.

The shortage in the Medical Corps and in the Hospital Corps caused considerable embarrassment, as a large number of ships were put in full commission that formerly had required no members of these corps. Fortunately, the bureau was able, by calling upon acting assistant surgeons and members of the Medical Reserve Corps, and by reducing the complements of the shore establishments below the normal standard, to supply all demands for additional personnel.

The presence in the bureau of medical officers whose personality and experience particularly fitted them to solve the problems of equipment and personnel was invaluable, and these officers are deserving of great praise for the manner in which the unusual duties devolving upon the bureau were performed.

PERSONNEL.

MEDICAL CORPS.—During the year ending June 30, 1914, 28 medical officers were admitted to the corps and 10 officers were lost by death, retirement, or resignation, making the total strength of the corps 311. The vacancies now number 36. The last year stands in contrast to other years in that for the first time in three years the number taken into the corps was in excess of the number lost by death, resignation, or retirement. This increase was due to a change in the method of taking medical officers into the corps. Candidates were formerly appointed directly to the Medical Corps from civil life. A candidate is now first given a preliminary examination for appointment as assistant surgeon in the Medical Reserve Corps, and, after taking the course at the Naval Medical School, comes up for final examination, and should he successfully pass this examination is appointed an assistant surgeon in the Medical Corps. Out of the 75 men who received permits for the preliminary examination 23 were rejected physically. Of those who continued the examination 12 failed professionally and 5 withdrew before its conclusion. The total number passing was 35. These men were graduates of 25 different medical schools, and most of them were hospital men. Twenty-eight men successfully passed the final examination, and 27 of these have been commissioned. The year just passed has been marked by greater activity on the part of the Medical Corps than previous years. By July, 1914, there were 42 more medical officers at sea than in July, 1913. The large number of ships in commission, five regiments of marines equipped for expeditionary work, and the demand for medical officers on the foreign stations and with legations abroad, have resulted in a situation wherein the number of medical officers at sea is in excess of the number employed at the naval hospitals, navy yards and stations, the recruiting stations, and the various other activities on shore.

SPECIAL DETAILS.—The following officers have been engaged in special duties, aside from the usual activities of the Medical Department: Passed Asst. Surg. P. E. Garrison, with the Pellagra Commission and as lecturer in the Harvard Medical School; Passed Asst. Surg. G. B. Crow, as instructor in tropical medicine in the New York Postgraduate Medical School; Passed Asst. Surg. J. O. Downey, with the Alaskan Coal Investigating Commission; Passed Asst. Surg. E. W. Brown, with a board for investigating the air of submarines; Asst. Surg. G. R. W. French, with a board for investigating the conditions of deep diving.

The present size of the corps is entirely inadequate for the service requirements, and should be increased to at least 450 for a peace-time basis.

MEDICAL RESERVE CORPS.—During the year the services of officers of the Medical Reserve Corps have been utilized at the recruiting stations and on board several ships. Valuable assistance in certain specialties has been rendered by members of this corps at naval hospitals. This service has been entirely without pecuniary reward and with no purpose other than a patriotic desire to aid in the well-being of the country's protectors. A prominent surgeon of Washington, D. C., a member of this corps, volunteered for active duty, and was sent to Vera Cruz, where his services were highly valued.

Dental Corps.—There are at present 13 vacancies in the Dental Corps. A number of candidates have applied for the examination, and it is expected that when the next examination is held most of these vacancies will be filled. Most of the large stations are equipped with a dental outfit, and an officer of the Dental Corps is assigned to the station for duty. As soon as additional officers are obtained they will be ordered to certain ships in the fleet, where it is hoped their services may be utilized to great advantage.

Hospital Corps.—The Hospital Corps, on June 30, 1914, consisted of 24 chief pharmacists and pharmacists, 285 hospital stewards, 563 hospital apprentices first class, and 565 hospital apprentices, a total of 1,437.

The above number of men has been inadequate properly to man the hospitals, ships, stations, and expeditionary forces of the service, and the hospitals are sadly in need of more hospital corpsmen properly to care for the sick and disabled men of the service. The large number of ships in commission, together with five regiments of marines in the field, has made it necessary to strip all of the hospitals and shore stations in the service to a complement much below that which is necessary to perform the ever-increasing work at these places.

A Hospital Corps training school has been established at the Naval Training Station, Newport, R. I., with facilities for teaching newly enlisted hospital apprentices. Instruction is given in the following subjects: Anatomy, physiology, minor surgery, hygiene and sanitation, clerical work, chemistry, materia medica and pharmacy. There are at present about 80 men under instruction. It is hoped that a similar school may be inaugurated for the training of hospital corpsmen on the west coast in the near future. A "Handy Book for the Hospital Corps" has been prepared in the bureau, with particular view to the special needs of the naval service, and is being used by the hospital corpsmen under instruction, as well as those throughout the service.

When the recent legislation providing for the grade of chief pharmacist was enacted, the bureau anticipated that the unsatisfactory conditions due to the lack of men of this grade would be alleviated. But an opinion of the Judge Advocate General to the effect that such legislation did not contemplate any increase in the corps, but only the establishment of a higher grade, has nullified the act so far as the bureau's purposes are concerned. At least 50 pharmacists and chief pharmacists are required properly to carry out the work and safeguard the property of the Government.

Reenlistments in the rating of hospital apprentice first class are much lower than is desirable, and as these men do the larger proportion of the trained work, they should have more inducement toward reenlistment. It is believed that, with ratings and grades of pay similar to those of the deck force of the Navy, many of these experienced young men would return to the service instead of seeking employment in civil life after having received the benefit of the Navy's education and training. I therefore believe it to be one of my most important duties to urge that such legislation be enacted as will entitle hospital corpsmen to the increase in the number of ratings, with the accompanying pay enjoyed by other branches of the service, thereby increasing the efficiency and contentment of this corps.

NURSE CORPS.—During the year 43 nurses have been appointed and 38 have left the corps. Additional nurses have been sent to Guam, in order to provide for an increase in the class of native women undergoing instruction in nursing at the hospital of that station. The course of instruction for this class has been extended to include the care of tubercular patients and massage, nurses especially trained in each branch being provided. The progress of the native nurses in this work is gratifying. The training school for native women in Samoa, mention of the establishment of which was made in last year's report, is progressing satisfactorily, and the four women now in training have made such advancement as to justify the undertaking.

In general, the Medical Department of the Navy seems to be efficient and prepared to meet all present peace-time demands. No new construction is contemplated at present, except as unusual conditions may demand at special points, but every effort will be made to preserve and improve the existing equipment for this important work of the Navy.

W. C. BRAISTED.

STATISTICS.

TABLE 1.—*Detailed statement of disease and injury.*

(*a*) This table gives an alphabetical list of diseases and injuries, showing the method of admitting and disposing of all cases of the force afloat (F. A.), at stations and yards (S. and Y.), at U. S. naval hospitals (H.), totals (T.) for the entire service, and a summary with comparative data for 10 previous years.

(*b*) The class number (roman numerals) refers to the classification of the Navy nomenclature as follows:

I. Diseases of blood.
II. Diseases of circulatory system.
III. Diseases of digestive system.
IV. Diseases of ductless glands and spleen.
V. Diseases of ear.
VI. Diseases of eye and annexa.
VII. Diseases of genito-urinary system (nonvenereal).
VIII. Diseases of infective type (nonvenereal).
IX. Diseases of infective type (venereal).
X. Diseases of lymphatic system.
XI. Diseases of mind.
XII. Diseases of motor system.
XIII. Diseases of nervous system.
XIV. Diseases of respiratory system.
XV. Diseases of skin, hair, and nails.
XVI. Herniae.
XVII. Miscellaneous diseases and conditions.
XVIII. Parasites (fungi and certain animal parasites).
XIX. Tumors.
XX. Injuries (wounds, etc.).
XXI. Poisons.

(*c*) The international number refers to the classification of diseases and injuries prepared by the International Commission (Paris, July 1 to 3, 1909).

(*d*) In the case of wounds, etc., and poisons, key letters immediately following the title (e. g., Abrasion, unqualified "G") are given for classification of the cause of such injury, and are interpreted as follows:

A. Suicidal.
B. Homocidal.
C. Conflagration. Includes all injuries incident to general conflagration. Burns otherwise received are not classed hereunder.
D. Accidental drowning or submersion.
E. Traumatism by firearms, accidental. To include all injuries caused by the projectile, the blast from great guns, or from the piece when fired.
F. Traumatism by explosion. To include powder, gas, compressed air, or steam explosions; also the explosion of a gun.
G. Traumatism by fall.
H. Traumatism by machines.
I. Traumatism by other crushing.
J. Traumatism due to athletic sports.
K. Casualty in action.
L. Traumatism due to other external violence not classified above.

TABLE 2.—*Table of diseases and injuries among occupational groups.*

This table shows the average complement in each group according to occupation, the number of admissions, deaths, invalided from service, sick days, and damage for each class of disability, together with a total of admissions, deaths, suicides, invalided from service, sick days, damage, and the rates per 1,000 for each occupational group.

NOTE.—As the above two tables comprise the entire service regardless of place or character of disability, to compare it with the statistics for previous years the items under the hospital for tuberculosis and hospitals for the insane must be added to the figures given for such previous year, as the figures for these institutions were not included in totals for the service in previous years.

I. DISEASES AND INJURIES.

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913.*

[F. A., force afloat; S. and Y., stations and yards; H., Hospitals and hospital ships; T., totals.]

Diagnosis.	Place.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalided from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
Abscess about rectum (Class III, Inter. 110B)	F. A.	2	56	7	40	2				19				2	2	356
	S. and Y.		19	3	8					14						101
	H.	3	6	37	32	9								1	4	1,625
	T.	5	81	47	80	11				33				3	6	2,082
Abscess about urethra (Class VII, Inter. 125)	F. A.		8	2	7					2				1		109
	S. and Y.		2		2											82
	H.		1	2	2	1										123
	T.		11	4	11	1				2				1		314
Abscess, entamebic, liver (Class XVIII, Inter. 115)	H.		2	2				1						2	1	263
Abscess of axilla (Class X, Inter. 84)	F. A.		34	5	34					2				2	1	273
	S. and Y.	1	16	1	10					7					1	128
	H.		3	10	11									1	1	396
	T.	1	53	16	55					9				3	3	797
Abscess of brain (Class XIII, Inter. 60)	H.		1					1								0
Abscess of Cowper's gland (Class VII, Inter. 127)	F. A.		1		1											7
	H.		1		1											6
	T.		2		2											13

Abscess of eye and annexa (Class VI, Inter. 75C)	F. A.		4		2					2						24
	H.	1		2	2	1										60
	T.	1	4	2	4	1				2						84
Abscess of kidney (Class VII, Inter. 122)	F. A.		2	2	1				1	2						153
	S. and Y.	1			1											103
	H.		1	2	1	1								1		403
	T.	1	3	4	3	1			1	2				1		659
Abscess of kidney, perinephritic (Class VII Inter. 122)	F. A.		3	1		1				2					1	66
	S. and Y.		1							1						10
	H.		4	5	4	3								1	1	481
	T.		8	6	4	4				3				1	2	557
Abscess of larynx (Class XIV, Inter. 87)	F. A.		2		1					1						15
	H.			2		2										18
	T.		2	2	1	2				1						33
Abscess of lung (Class XIV, Inter. 98)	H.		1					1								6
Abscess of lymph-node (Class X, Inter. 84)	F. A.		14	1	13					2						174
	S. and Y.	1	5		4					2						56
	H.		2	4	3	3										157
	T.	1	21	5	20	3				4						387
Abscess of nasal septum (Class XIV, Inter. 86)	F. A.		3		1					2						10
	H.		1	3	2	2										62
	T.		4	3	3	2				2						72
Abscess of omentum (Class III, Inter. 117)	F. A.		1							1						0
	H.			3		3										144
	T.		1	3		3				1						144
Abscess of pharynx (Class III, Inter. 100)	F. A.		2		2											4
	S. and Y.		2		2											23
	T.		4		4											27
Abscess of prostate gland (Class VII, Inter. 126)	F. A.		1							1						1
	H.			1	1											70
	T.		1	1	1					1						71

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1918*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Abscess of salivary gland (Class III, Inter. 99B)	F. A.		3		1					2						15
	S. and Y.		1							1						0
	H.	2		3	3										2	84
	T.	2	4	3	4					3					2	99
Abscess of scrotum (Class VII, Inter. 127)	F. A.		7		6									1		27
	S. and Y.		3	1	2					2						40
	H.	1	1	2	3	1										77
	T.	1	11	3	11	1				2				1		144
Abscess, unqualified (Class VIII, Inter. 144)	F. A.	2	557	10	524	4				37				2	2	4,041
	S. and Y.		166	11	123	1			1	51					1	940
	H.	15	29	94	103	21		1						5	8	3,861
	T.	17	752	115	750	26		1	1	88				7	11	8,842
Acne (Class XV, Inter. 145C)	F. A.		9	2	2					8				1		47
	S. and Y.		7	1					1	7						85
	H.		1	16	10	1									6	416
	T.		17	19	12	1			1	15				1	6	548
Adenoids (Class XIV, Inter. 86)	F. A.		3		1					2						3
	S. and Y.		3						1	2						32
	H.		4	4	5	3										130
	T.		10	4	6	3			1	4						165
Adenoma (Class XIX, Inter. 46)	F. A.		3							3						0
	S. and Y.		1		1											8
	H.			3	2	1										89
	T.		4	3	3	1				3						97
Adhesions about gall bladder (Class III, Inter. 115)	H.			2	1	1										43

Adhesions about stomach (Class III, Inter. 117)	F. A.		1							1						151
	H.		1	2	2	1										
	T.		2	2	2	1				1						151
Adhesions of peritoneum (Class III, Inter. 117)	F. A.		17	8	10				2	12				1		191
	S. and Y.		2	1	2					1						94
	H.	1	7	16	10	4							1	4	5	830
	T.	1	26	25	22	4			2	13			1	5	5	1,115
Albuminuria (Class VII, Inter. 120)	F. A.		5		4					1						18
	S. and Y.		9		1					8						14
	H.		1	9	6	3									1	314
	T.		15	9	11	3				9					1	346
Amaurosis (Class VI, Inter. 75C)	F. A.	1	1						1	1						51
	H.			1		1										7
	T.	1	1	1		1			1	1						58
Amblyopia (Class VI, Inter. 75C)	F. A.		10	2	1				2	8					1	22
	S. and Y.		5	3	1				4	3						83
	H.	2	3	17	6	3							1	8	4	619
	T.	2	18	22	8	3			6	11			1	8	5	724
Amputation stump (Class XVII, Inter. 149)	S. and Y.		4	1					3	2						17
	H.	1	2	2	4									1		287
	T.	1	6	3	4				3	2				1		304
Anemia of brain (Class XIII, Inter. 74)	F. A.		1							1						0
	S. and Y.		2		2											2
	H.			1											1	18
	T.		3	1	2					1					1	20
Anemia, pernicious (Class I, Inter. 54)	F. A.		1							1						10
	S. and Y.		1					1								0
	T.		2					1		1						10
Anemia, simple (Class I, Inter. 54)	F. A.		4		2	1				1						41
	S. and Y.		2		1					1						32
	H.		2	2	2	2										151
	T.		8	2	5	3				2						224
Anemia, splenic (Class I, Inter. 54)	H.	1						1								51

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Aneurism (Class II, Inter. 81)	F. A.		1							1						0
	S. and Y.		1							1						0
	H.	1	1	2		1			1						2	68
	T.	1	3	2		1			1	2					2	68
Angina pectoris (Class II, Inter. 80)	F. A.		1							1						5
	S. and Y.		1							1						0
	H.			2	2											56
	T.		2	2	2					2						61
Angioma (Class XIX, Inter. 46)	H.	1												1		5
Angiospastic edema (Class XIII, Inter. 74)	F. A.		1	2						3						79
	S. and Y.		1							1						0
	H.			5	3	2										114
	T.		2	7	3	2				4						193
Ankylosis of joint (Class XII, Inter. 76)	F. A.		5	7	1				8	2				1		68
	S. and Y.		10	3					7	6						74
	H.	1	7	12	3	2								14	1	424
	T.	1	22	22	4	2			15	8				15	1	566
Anti-inoculation, unqualified (Class XVII, Inter. 189A).	F. A.		2		2											5
	S. and Y.		25		23					2						39
	H.			2	1	1										26
	T.		27	2	26	1				2						70
Aphasia (Class XIII, Inter. 74)	F. A.			1						1						0
	S. and Y.	1			1											222
	H.			1											1	40
	T.	1		2	1					1					1	262

Apoplexy (Class XIII, Inter. 64)	F. A.	......	1	......	......	......	......	......	......	1	......	......	......	......	......	0
	H.	......	......	1	......	......	......	......	......	......	......	......	......	......	1	5
	T.	......	1	1	......	......	......	......	......	1	......	......	......	......	1	5
Appendicitis, acute (Class III, Inter. 108)	F. A.	2	361	34	153	1	......	2	......	220	......	......	1	15	5	2,187
	S. and Y.	3	90	28	51	1	......	2	......	76	......	......	......	......	......	1,084
	H.	20	34	316	259	53	1	2	......	......	......	......	7	16	32	11,330
	T.	25	494	378	463	55	1	6	......	296	......	......	8	31	37	14,601
Appendicitis, chronic (Class III, Inter. 108)	F. A.	1	79	18	29	......	......	......	......	66	......	......	......	3	......	436
	S. and Y.	......	41	17	15	......	......	......	1	41	......	......	......	......	1	432
	H.	7	29	124	112	17	2	......	......	......	......	......	7	6	16	4,830
	T.	8	149	159	156	17	2	......	1	107	......	......	7	9	17	5,698
Arterial sclerosis, general (Class Ii, Inter. 81)	F. A.	......	5	1	1	......	......	......	......	4	......	......	......	1	......	88
	S. and Y.	......	2	3	3	......	......	......	......	1	......	......	......	......	1	127
	H.	......	3	7	2	3	......	1	......	......	......	......	2	1	1	255
	T.	......	10	11	6	3	......	1	......	5	......	......	2	2	2	470
Arthritis, acute (Class XII, Inter. 147)	F. A.	3	38	5	25	......	......	......	2	18	......	......	......	1	......	281
	S. and Y.	......	10	2	5	......	......	......	......	7	......	......	......	......	......	86
	H.	3	4	25	18	9	......	......	......	......	......	......	......	3	2	1,084
	T.	6	52	32	48	9	......	......	2	25	......	......	......	4	2	1,451
Arthritis, chronic (Class XII, Inter. 147)	F. A.	1	13	6	6	......	......	......	3	10	......	......	......	......	1	101
	S. and Y.	......	9	9	8	......	......	......	5	5	......	......	......	......	......	193
	H.	6	6	24	17	4	......	......	......	......	......	......	2	12	1	1,810
	T.	7	28	39	31	4	......	......	8	15	......	......	2	12	2	2,104
Arthritis deformans (Class XII, Inter. 48A)	S. and Y.	......	......	1	......	......	......	......	1	......	......	......	......	......	......	0
	H.	1	2	......	......	......	......	......	......	......	......	......	......	3	......	136
	T.	1	2	1	......	......	......	......	1	......	......	......	......	3	......	136
Ascariasis (Class XVIII, Inter. 107)	F. A.	......	11	......	11	......	......	......	......	......	......	......	......	......	......	21
	S. and Y.	......	9	......	9	......	......	......	......	......	......	......	......	......	......	23
	H.	......	18	......	18	......	......	......	......	......	......	......	......	......	......	117
	T.	......	38	......	38	......	......	......	......	......	......	......	......	......	......	161
Asthma (Class XIV, Inter. 96)	F. A.	......	13	12	9	......	......	......	5	9	......	......	......	1	1	109
	S. and Y.	1	10	3	2	......	......	......	5	5	......	......	1	......	1	109
	H.	......	6	18	11	2	......	......	1	......	......	......	......	7	3	718
	T.	1	29	33	22	2	......	......	11	14	......	......	1	8	5	936

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Astigmatism (Class VI, Inter. 75C)	F. A.		30	11	6				11	23			1			158
	S. and Y.		3	8	7	1			1	2						51
	H.	2	5	26	17	2								11	3	1,128
	T.	2	38	45	30	3			12	25			1	11	3	1,337
Athetosis (Class XIII, Inter. 74)	F. A.			1					1							1
Atrophy of liver, acute yellow (Class III, Inter. 111)	H.		1					1								1
Atrophy of muscle (Class XII, Inter. 149)	F. A.		4	1	1					4						19
	S. and Y.		1							1						0
	H.			6		3									3	318
	T.		5	7	1	3				5					3	337
Atrophy of optic nerve (Class VI, Inter. 75C)	H.		1		1											29
Atrophy of testicle (Class VII, Inter. 127)	F. A.		2						1	1						0
	S. and Y.		1		1											0
	H.			1	1											41
	T.		3	1	2				1	1						41
Autointoxication, intestinal (Class III, Inter. 110B)	F. A.		10		7					3						28
	S. and Y.		3		2					1						6
	H.		5	7	8	2									2	262
	T.		18	7	17	2				4					2	296
Balanoposthitis (Class VII, Inter. 127)	F. A.		8	1	8					1						94
	S. and Y.		5		5											38
	T.		13	1	13					1						132
Blepharitis (Class VI, Inter. 75C)	F. A.		3		1					2						1
	S. and Y.		2		2											32
	H.		1	2	2										1	39
	T.		6	2	5					2					1	72
Bronchiectasis (Class XIV, Inter. 90)	H.		1											1		147

Bronchitis, acute (Class XIV, Inter. 89)	F. A.	3	295	12	256	5				43				4	2	1,711
	S. and Y.	3	245	6	208	2			1	40					3	1,553
	H.	10	22	98	80	42	1							1	6	1,869
	T.	16	562	116	544	49	1		1	83				5	11	5,133
Bronchitis, chronic (Class XIV, Inter. 90)	F. A.	2	60	14	19	1			3	45		1		5	2	524
	S. and Y.	1	34	9	12	2			12	17				1		656
	H.	13	22	86	46	39			3				1	17	15	3,415
	T.	16	116	109	77	42			18	62		1	1	23	17	4,595
Bursitis, acute (Class XII, Inter. 149)	F. A.		11		9					2						138
	S. and Y.		8		4					4						20
	H.	1		7	7	1										220
	T.	1	19	7	20	1				6						378
Bursitis, chronic (Class XII, Inter. 149)	F. A.		11	2	7				1	4				1		134
	S. and Y.		2	4	2				1	3						101
	H.	1	2	8	7	2								2		131
	T.	1	15	14	16	2			2	7				3		366
Caisson disease (Class XIII, Inter. 74)	F. A.		1							1						0
	H.			1	1											4
	T.		1	1	1					1						4
Calculus in bladder (Class VII, Inter. 123)	F. A.		2							2						0
	S. and Y.		1			1										36
	H.		1	2	1									1	1	35
	T.		4	2	1	1				2				1	1	71
Calculus in ureter, impacted (Class VII, Inter. 123)	F. A.		1		1											1
	S. and Y.		1							1						0
	H.			1	1											11
	T.		2	1	2					1						12
Callositas (Class XV, Inter. 145C)	F. A.		1	1	1				1							6
	S. and Y.		3	1	2	1				1						32
	H.			1		1										5
	T.		4	3	3	2			1	1						43
Carbuncle (Class VIII, Inter. 143)	F. A.		34	2	26					3				4	3	309
	S. and Y.	1	19	3	20					3						124
	H.	3		6	6	2									1	233
	T.	4	53	11	52	2				6				4	4	666

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Carcinoma (Class XIX, Inter. 39–45)	F. A.		1	1						2						8
	S. and Y.		1					1								36
	H.	1	2	3		2		2						2		87
	T.	1	4	4		2		3		2				2		131
Cardiospasm (Class III, Inter. 103)	F. A.		1							1						0
	H.			1											1	4
	T.		1	1						1					1	4
Caries of ossicle (Class V, Inter. 76)	H.	1			1											8
Caries of tooth (class III, Inter. 99A)	F. A.		4		1					3						1
	S. and Y.		4		4											10
	H.		2	4	5	1										227
	T.		10	4	10	1				3						238
Cataract (Class VI, Inter. 75C)	F. A.		1	1					1	1						1
	S. and Y.		1							1						0
	H.	1		3	1	1								1	1	304
	T.	1	2	4	1	1			1	2				1	1	305
Cellulitis (Class VIII, Inter. 144)	F. A.	4	214	11	206			1		21				1		1,803
	S. and Y.	3	51	2	45	1				9				1		504
	H.	4	12	32	39	4								1	4	1,254
	T.	11	277	45	290	5		1		30				3	4	3,561
Cerebrospinal fever (Class VIII, Inter. 61a)	F. A.		5	2				2	1	3				1		153
	S. and Y.		4	1				1	1	3						10
	H.	1		6		2		3						2		304
	T.	1	9	9		2		6	2	6				3		467
Cerumen, accumulation of (Class V, Inter. 76)	S. and Y.		1		1											0

Chalazion (Class VI, Inter. 75C)	F. A.		4		2					2						4
	H.			2	2											15
	T.		4	2	4					2						19
Chancroid (Class IX, Inter. 38A)	F. A.	6	1,475	136	1,466	14				106				9	22	3,915
	S. and Y.	5	357	24	334	5				43				1	3	1,104
	H.	17	23	171	92	89								2	28	6,445
	T.	28	1,855	331	1,892	108				149				12	53	11,464
Chancroid of lymph-node (Class IX, Inter. 38A)	F. A.	10	176	70	185	5				45				13	8	3,122
	S. and Y.	8	77	35	71					34				7	8	1,969
	H.	23	6	86	62	36								3	14	3,927
	T.	41	259	191	318	41				79				23	30	9,018
Chicken pox (Class VIII, Inter. 19)	F. A.	1	22		5					16				1	1	102
	S. and Y.		9	1	3					7						37
	H.		4	27	26	3								1	1	494
	T.	1	35	28	34	3				23				2	2	633
Chilblain (Class XV, Inter. 145C)	F. A.		1							1						2
	S. and Y.			2					1	1						0
	H.		1	3	2									2		129
	T.		2	5	2				1	2				2		131
Cholangitis, acute (Class III, Inter. 115)	F. A.	2	72	5	69					8				1	1	582
	S. and Y.		17	1	11					7						165
	H.		6	19	14	6								1	4	529
	T.	2	95	25	94	6				15				2	5	1,276
Cholangitis, chronic (Class III, Inter. 115)	F. A.		3							3						47
	S. and Y.		1							1						0
	H.	1		3	2	2										94
	T.	1	4	3	2	2				4						141
Cholecystitis, acute (Class III, Inter. 115)	F. A.		14	1	7					8						35
	S. and Y.	1	2	1	1					3						6
	H.		2	15	12	5										227
	T.	1	18	17	20	5				11						268
Cholecystitis, chronic (Class III, Inter. 115)	S. and Y.		8	3	2					4						145
	H.		2	4	4	1								1		279
	T.		5	7	6	1				4				1		424

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Cholelithiasis (Class III, Inter. 114)	F. A.		7	3	3					7						24
	S. and Y.		2	1						3						3
	H.	1	1	14	9	4								1	2	716
	T.	1	10	18	12	4				10				1	2	743
Cholera, Asiatic (Class VIII, Inter. 12)	H.		1		1											86
Chondritis (Class XII, Inter. 149)	F. A.		1							1						4
	H.			1	1											134
	T.		1	1	1					1						138
Chorea (Class XIII, Inter. 72)	F. A.		2							2						0
	S. and Y.		2	2					3	1						14
	H.	1		3	1									2	1	158
	T.	1	4	5	1				3	3				2	1	172
Choroiditis (Class VI, Inter. 75C)	F. A.		2	1					1	2						1
	S. and Y.		1		1											2
	H.	1	2	4	2	1			1					3		383
	T.	1	5	5	3	1			2	2				3		386
Chylous ascites, nonfilarial (Class III, Inter. 84)	S. and Y.		1							1						1
	H.			1		1										7
	T.		1	1		1				1						8
Cicatricial contraction (Class XVII, Inter. 145C)	F. A.		5	2						6				1		12
	H.			7	4									1	2	215
	T.		5	9	4					6				2	2	227
Cicatrix of skin (Class XV, Inter. 145C)	F. A.		1		1											2
Cirrhosis of liver, atrophic (Class III, Inter. 113)	S. and Y.			1					1							0
	H.	1	1	1				1					1	1		304
	T.	1	1	2				1	1				1	1		304

Clavus (Class XV, Inter. 145C)	F. A.		7	3	8					2						55
	S. and Y.	1	8		5				2	2						72
	H.		3	4	5	1								1		168
	T.	1	18	7	18	1			2	4				1		295
Colitis, acute (Class III, Inter. 105B)	F. A.		12	1	12					1						67
	S. and Y.		6	1	4	2				1						17
	T.		18	2	16	2				2						84
Colitis, chronic (Class III, Inter. 105B)	F. A.		1	2	2					1						12
	H.	1		3	3									1		63
	T.	1	1	5	5					1				1		75
Color blindness (Class VI, Inter. 75C)	S. and Y.		6	1	1				6							108
	H.		1	1									2			73
	T.		7	2	1				6				2			181
Concretions in salivary gland (Class III, Inter. 99B)	F. A.		1		1											6
Congestion of kidney (Class VII, Inter. 122)	F. A.		1		1											5
Congestion of lung, acute (Class XIV, Inter. 94)	F. A.		2							2						1
	H.			2		1		1								2
	T.		2	2		1		1		2						8
Conjunctivitis, acute (Class VI, Inter. 75A)	F. A.		94	4	80	2				14				1	1	479
	S. and Y.	1	51	1	35	1				16					1	187
	H.	2	3	29	28	6										467
	T.	3	148	34	143	9				30				1	2	1,133
Conjunctivitis, chronic (Class VI, Inter. 75A)	F. A.	1	14	4	4				1	14						41
	S. and Y.		14	2	6				3	5				1	1	82
	H.	4	2	21	22	4								1		661
	T.	5	30	27	32	4			4	19				2	1	784
Conjunctivitis, phlyctenular (Class VI, Inter. 75A)	F. A.		2		2											9
	S. and Y.		1							1						0
	H.			1	1											19
	T.		3	1	3					1						28

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Constipation (Class III, Inter. 110B)	F. A.		62	6	57	2				6				3		247
	S. and Y.		35	5	32	1			2	5						100
	H.	1	3	15	11	5								2	1	725
	T.	1	100	26	100	8			2	11				5	1	1,072
Constitutional inferiority (Class XI, Inter. 68)	F. A.		5	4					5	3				1		93
	S. and Y.		18	3		2			16	3						364
	H.		7	8	3	2			5					4	1	403
	T.		30	15	3	4			26	6				5	1	860
Constitutional psychopathic state (Class XI, Inter. 68).	F. A.		2	1	1				1	1						13
	S. and Y.			1					1							2
	H.		1	3		1								3		65
	T.		3	5	1	1			2	1				3		80
Contracture of joint (Class XII, Inter. 147)	F. A.		2							2						1
	H.		1	2	2	1										126
	T.		3	2	2	1				2						127
Contracture of (muscle, fasciæ, tendon, or sheath) (Class XII, Inter. 149).	F. A.		8	4	5				2	4				1		16
	S. and Y.		4		2					2						42
	H.	2		9	5								1	4	1	282
	T.	2	12	13	12				2	6			1	5	1	340
Cramp of muscle (Class XII, Inter. 149)	F. A.		10		10											29
	S. and Y.		3	1	4											27
	T.		13	1	14											56
Curvature of spine (Class XII, Inter. 36C)	F. A.		6	3	1				6	2						77
	S. and Y.		13	1					13	1						36
	H.	1	1	4		2								4		207
	T.	1	20	8	1	2			19	3				4		320

	S. and Y.		12		7					5						62
	H.	1	2	15	12	5									1	392
	T.	1	38	17	36	5				13				1	1	684
Cystitis, chronic (Class VII, Inter. 124)	F. A.		4	3					1	6						4
	S. and Y.		3	1					1	3						57
	H.	2	3	10	10	2			1					2		469
	T.	2	10	14	10	2			3	9				2		530
Cystoma (Class XIX, Inter. 46)	F. A.		15	1	10					6						55
	S. and Y.		7		2					5						16
	H.	4	2	11	13	2									2	553
	T.	4	24	12	25	2				11					2	624
Dacryocystitis (Class VI, Inter. 75C)	F. A.		2		2											7
Deafness (Class V, Inter. 76)	F. A.		24	10	9				10	12				3		105
	S. and Y.		3	3	3	1				2						142
	H.	9	7	18	17	4								10	3	1,301
	T.	9	34	31	29	5			10	14				13	3	1,548
Deformity of external ear, acquired (Class V, Inter. 76)	F. A.		1		1											8
Deformity of nose, acquired (Class XIV, Inter. 86)	F. A.		24	4	1				1	26						18
	S. and Y.		10	1	1				1	9						7
	H.	5	5	45	41	9								4	1	1,817
	T.	5	39	50	43	9			2	35				4	1	1,842
Deformity of palate, acquired (Class III, Inter. 146)	H.		1												1	25
Deformity of penis, acquired (Class VII, Inter. 127)	F. A.		2		2											8
Dementia, cause unknown (Class XI, Inter. 68)	F. A.		16	8					3	16	1			3	1	128
	S. and Y.	1	3	2	1				1	2	1			1		61
	H.	4	3	32	1	16			3		6			9	4	1,183
	T.	5	22	42	2	16			7	18	8			13	5	1,372
Dementia, paralytica (Class XI, Inter. 67)	F. A.		2							2						0
	S. and Y.		1	1		1					1					63
	H.	6	5	11		2		2	5		4			4	5	2,173
	T.	6	8	12		8		2	5	2	5			4	5	2,236

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Dementia, precox (Class XI, Inter. 68)	F. A.		26	7					4	25	1			2	1	167
	S. and Y.		11	2	1				1	7	3			1		100
	H.	16	22	89	2	27	1		31		25			31	10	5,916
	T.	16	59	98	3	27	1		36	32	29			34	11	6,183
Dengue (Class VIII, Inter. 19)	F. A.	1	77	1	45	2				32						239
	S. and Y.	2	381	4	93					294						505
	H.	1	13	334	312	35									1	3,101
	T.	4	471	339	450	37				326					1	3,845
Dentition (Class XVII, Inter. 189A)	F. A.		1		1											2
	S. and Y.		2		2											4
	T.		3		3											6
Dermatitis, venenata (Class XV, Inter. 145C)	F. A.		10		7					3						50
	S. and Y.		28	1	24					5						188
	H.	1	2	9	11	1										115
	T.	1	40	10	42	1				8						353
Dermatitis, unqualified (Class XV, Inter. 145C)	F. A.		23	5	18				1	7				1	1	162
	S. and Y.		9	1	9					1						90
	H.		2	11	5	5								1	2	278
	T.		34	17	32	5			1	8				2	3	530
Detachment of retina (Class VI, Inter. 75C)	F. A.			1					1							5
	H.	1	1											2		21
	T.	1	1	1					1					2		26
Deviation of nasal septum (Class XIV, Inter. 86)	F. A.		50	4	1				1	52						8
	S. and Y.		7		2					5						13
	H.	6	23	54	71	6	1								5	2,687
	T.	6	80	58	74	6	1		1	57					5	2,708

	H			5		2								3		139
	T		5	10	5	3			2	1				4		250
Diabetes mellitus (Class XVII, Inter. 50)	F. A.		7	7	1	1			2	8				2		109
	S. and Y.	1	5	4	3					5				1	1	278
	H	4	2	20	9	2		1					1	12	1	1,386
	T	5	14	31	13	3		1	2	13			1	15	2	1,773
Diagnosis undetermined (Class XVII, Inter. 189A)	F. A.		1	1			1							1		14
	H		1												1	273
	T		2	1			1							1	1	287
Dilatation, acute cardiac (Class II, Inter. 79C)	F. A.		2					1		1						0
	S. and Y.		2					2								0
	H			2	1	1										121
	T		4	2	1	1		3		1						121
Dilatation, chronic cardiac (Class II, Inter. 79C)	F. A.		1											1		9
Dilatation of stomach, chronic (Class III, Inter. 103)	S. and Y.		2	1						3						9
	H			4	1	3										56
	T		2	5	1	3				3						65
Diphtheria (Class VIII, Inter. 9)	F. A.		12	27	26	1				11				1		362
	S. and Y.		6							6						2
	H	6	55	23	49	8								27		1,470
	T	6	73	50	75	9				17				28		1,834
Diverticulum of intestines, acquired (Class III, Inter. 110B).	S. and Y.		1							1						0
	H			2	1	1										6
	T		1	2	1	1				1						6
Duodenitis (Class III, Inter. 105B)	F. A.		9		6					8						78
	S. and Y.	1	1		1					1						9
	H			4	1	3										248
	T	1	10	4	8	3				4						335
Dysentery, bacillary (Class VIII, Inter. 14A)	F. A.		2		2											11
	S. and Y.		7	1	6					2						41
	H		3	2	4										1	162
	T		12	3	12					2					1	214

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Dysentery, entamebic (Class XVIII, Inter. 14C)	F. A.		20	9	17	1				7				4		219
	S. and Y.		15	10	2				1	21				1		53
	H.	4	9	37	30	2								7	11	2,374
	T.	4	44	56	49	3			1	28				12	11	2,646
Dysentery, unclassified (Class VIII, Inter. 14D)	F. A.		34	7	24			1		11				4	1	219
	S. and Y.	1	109	13	92					29				2		513
	H.		6	41	35	8		1							3	966
	T.	1	149	61	151	8		2		40				6	4	1,698
Dysidrosis (Class XV, Inter. 145C)	S. and Y.		1		1											0
Dystrophy, progressive muscular (Class XIII, Inter. 63).	F. A.		1	2					1	2						2
	H.			2										1	1	111
	T.		1	4					1	2				1	1	113
Ectropion (Class VI, Inter. 75C)	H.	1			1											104
Eczema (Class XV, Inter. 145C)	F. A.		32	15	30				3	10				2	2	389
	S. and Y.		24	4	12				1	15						189
	H.	3	6	27	22	6							1	3	4	955
	T.	3	62	46	64	6			4	25			1	5	6	1,533
Embolism (Class II, Inter. 82)	S. and Y.		1	1		1									1	149
Emphysema, pulmonary (Class XIV, Inter. 97)	H.		1											1		17
Endocarditis, acute (Class II, Inter. 78)	F. A.		4	2	1	1				3				1		26
	S. and Y.		2	1				1	1	1						6
	H.	1	2	4	3	1		1						2		189
	T.	1	8	7	4	2		2	1	4				3		221
Endocarditis, chronic (Class II, Inter. 79B)	F. A.		7	2	1				6	2						66
	S. and Y.		2	1	1				2							20
	H.	2	1	3	1	1								4		258
	T.	2	10	6	3	1			8	2				4		344

Enteritis, acute (Class III, Inter. 105B)	F. A.	1	160	2	157					5					1	583
	S. and Y.	3	138	6	119					25				1	2	447
	H.	2	7	31	30	4								2	4	852
	T.	6	305	39	306	4				30				3	7	1,882
Enteritis, chronic (Class III, Inter. 105B)	F. A.		4	2	2				1	3						10
	S. and Y.		2	2	1					2					1	57
	H.		1	9	4	3							1	1	1	187
	T.		7	13	7	3			1	5			1	1	2	254
Enterocolitis (Class III, Inter. 105B)	F. A.		2		1	1										34
	S. and Y.		1		1											12
	T.		3		2	1										46
Epididymitis, acute (Class VII, Inter. 127)	F. A.	2	32	5	33					6						312
	S. and Y.		9	1	4					6						62
	H.		2	10	8	2									2	208
	T.	2	43	16	45	2				12					2	582
Epididymitis, chronic (Class VII, Inter. 127)	F. A.		2	1	2					1						30
	S. and Y.		1	1	1				1							7
	H.		1	1	2											34
	T.		4	3	5				1	1						71
Epilepsy (Class XIII, Inter. 69)	F. A.		47	45	17				28	39				7	1	711
	S. and Y.	1	30	17	4				28	13				2	1	377
	H.	9	11	65	18	9	2		2					46	8	2,591
	T.	10	88	127	39	9	2		58	52				55	10	3,579
Epilepsy, Jacksonian (Class XIII, Inter. 74)	F. A.		2	3	1				1	1				2		25
	H.			2		1								1		18
	T.		2	5	1	1			1	1				3		43
Epiphora (Class VI, Inter. 75C)	S. and Y.			1					1							0
	H.			1										1		146
	T.			2					1					1		146
Epistaxis (Class XIV, Inter. 85)	F. A.		1							1						0
	S. and Y.		1		1											1
	H.			1	1											12
	T.		2	1	2					1						13

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1916*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Epithelioma (Class XIX, Inter. 39–45)	F. A.		2							2						0
	H.			2	2											220
	T.		2	2	2					2						220
Erysipelas (Class VIII, Inter. 18)	F. A.	1	11		5					7						105
	S. and Y.		4		2					2						39
	H.		4	11	10	3									2	323
	T.	1	19	11	17	3				9					2	467
Erythema multiforme (Class XV, Inter. 145C)	F. A.		2		2											6
	S. and Y.		2		2											25
	T.		4		4											31
Erythema simplex (Class XV, Inter. 145C)	F. A.		4		4											15
	S. and Y.		2		1					1						3
	H.			1	1											5
	T.		6	1	6					1						23
Eustachian salpingitis, acute (Class V, Inter. 76)	F. A.		1		1											0
Eustachian salpingitis, chronic (Class V, Inter. 76)	F. A.		3		1					2						0
	S. and Y.		1	1	2											5
	H.			3	2	1										122
	T.		4	4	5	1				2						127
Exophthalmic goitre (Class IV, Inter. 51)	F. A.			1						1						0
	S. and Y.		3	1				1	2	1						29
	H.	2	1	2	4									1		126
	T.	2	4	4	4			1	2	2				1		155
Favus (Class XVIII, Inter. 25B)	H.		1	1										1	1	38

Fermentation, gastric (Class III, Inter. 103)	F. A.		1		1											3
	S. and Y.		2		2											7
	T.		3		3											10
Fermentation, intestinal (Class III, Inter. 105B)	F. A.		4		4											14
	S. and Y.		6		6											18
	H.		6		6											24
	T.		16		16											56
Fever of unknown cause (Class VIII, Inter. 189A)	F. A.	2	66		58	1				6				3		435
	S. and Y.	1	32	7	26	2				11				1		183
	H.		3	25	12	16										287
	T.	3	101	32	96	19				17				4		905
Fibroma (Class XIX, Inter. 46)	F. A.		9		7					2						52
	S. and Y.		2		1					1						0
	H.	1	1	5	5	2										167
	T.	1	12	5	13	2				3						219
Filariasis (Class XVIII, Inter. 19)	F. A.		2		2											5
	S. and Y.		17	13	27										3	223
	T.		19	13	29										3	228
Fissure of anus (Class III, Inter. 110A)	F. A.		5		2					3						23
	H.		2	3	4	1										80
	T.		7	3	6	1				3						103
Fissure of skin (Class XV, Inter. 145C)	F. A.		1		1											3
	S. and Y.		1	1	2											10
	H.	1			1											19
	T.	1	2	1	4											32
Fistula, biliary (Class III, Inter. 115)	F. A.		1							1						0
	S. and Y.		1	1									1		1	27
	H.			1	1											98
	T.		2	2	1					1			1		1	125
Fistula, fecal (Class III, Inter. 110A)	H.		2	1	1										2	158
Fistula in ano (Class III, Inter. 110A)	F. A.		11	1	5					7						88
	S. and Y.		10	3	5				1	6					1	262
	H.	6	5	14	17	3			1				1	3		778
	T.	6	26	18	27	3			2	13			1	3	1	1,128

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Fistula of kidney (Class VII, Inter. 122)	H		1												1	98
Fistula of lachrymal sac (Class VI, Inter. 75C)	F. A		1							1						0
	H			2	1									1		24
	T		1	2	1					1				1		24
Fistula of larynx (Class XIV, Inter. 87)	H		1		1											37
Fistula of urethra (Class VII, Inter. 125)	F. A		2							2						0
	H	1		2	2	1										180
	T	1	2	2	2	1				2						180
Flagellate diarrhea (Class XVIII, Inter. 105B)	F. A			1	1											6
	H		2		1									1		12
	T		2	1	2									1		18
Foreign body in auditory canal (Class V, Inter. 76)	F. A		1		1											1
Foreign body in esophagus (Class III, Inter. 101)	S. and Y		1		1											1
Functional derangement of liver (Class III, Inter. 115).	F. A		10		6					4						50
	S. and Y		16		9					7						70
	H		3	11	10	4										348
	T		29	11	25	4				11						468
Furunculosis (Class VIII, Inter. 143)	F. A		259	14	256					13					4	1,380
	S. and Y	1	85	7	82					7					4	459
	H	3	5	22	24	5							1			554
	T	4	349	43	362	5				20			1		8	2,393
Ganglion (Class XII, Inter. 149)	S. and Y		2		2											27
	H		1			1										13
	T		3		2	1										40
Gangrene (Class XVII, Inter. 142)	S. and Y		1		1											21

Gastritis, acute catarrhal (Class III, Inter. 103)	F. A.	......	69	2	51	......	......	......	......	19	......	......	......	1	......	237
		1	74	7	70	2	......	......	......	10	......	......	......	......	......	166
	T.	......	8	27	26	7	......	......	......	......	......	......	......	......	2	563
	F. A. S. and Y.	1	151	36	147	9	......	......	......	29	......	......	......	1	2	966
Gastritis, chronic catarrhal (Class III, Inter. 103)	H.	1	43	8	11	......	......	......	1	37	......	......	......	2	1	247
		......	20	5	7	......	......	......	4	14	......	......	......	......	......	109
	H. T.	5	5	75	36	28	......	......	......	......	......	......	......	13	8	2,667
	S. and Y.	6	68	88	54	28	......	......	5	51	......	......	......	15	9	3,023
Gastritis, acute phlegmonous (Class III, Inter. 103)	F. A.	......	1	......	......	......	......	......	......	1	......	......	......	......	......	0
	H.	......	......	1	1	......	......	......	......	......	......	......	......	......	......	7
	T.	......	1	1	1	......	......	......	......	1	......	......	......	......	......	7
Gastroduodenitis (Class III, Inter. 105B)	F. A.	......	8	1	3	......	......	......	......	6	......	......	......	......	......	46
	S. and Y.	......	25	1	19	......	......	......	......	7	......	......	......	......	......	99
	H.	......	7	15	16	2	......	1	......	......	......	......	1	......	2	517
	T.	......	40	17	38	2	......	1	......	13	......	......	1	......	2	662
Gastroenteritis (Class III, Inter. 105B)	F. A.	......	48	4	39	......	......	......	1	9	......	......	......	2	1	179
	S. and Y.	......	27	2	21	1	......	......	......	6	......	......	......	1	......	74
	H.	......	4	25	12	12	......	......	......	......	......	......	......	2	3	286
	T.	......	79	31	72	13	......	......	1	15	......	......	......	5	4	539
Gastroptosis (Class III, Inter. 103)	F. A.	......	1	......	......	......	......	......	1	......	......	......	......	......	......	27
	H.	......	2	1	......	1	......	......	......	......	......	......	......	2	......	86
	T.	......	3	1	......	1	......	......	1	......	......	......	......	2	......	113
Genu recurvatum (Class XII, Inter. 147)	S. and Y.	......	1	......	......	......	......	......	1	......	......	......	......	......	......	6
German measles (Class VIII, Inter. 19)	F. A.	......	64	......	27	......	......	......	......	36	......	......	......	1	......	270
	S. and Y.	......	81	1	22	......	......	......	......	60	......	......	......	......	......	286
	H.	10	21	101	117	9	......	......	......	......	......	......	......	1	5	2,369
	T.	10	166	102	166	9	......	......	......	96	......	......	......	2	5	2,925
Gingivitis (Class III, Inter. 99A)	F. A.	......	2	......	2	......	......	......	......	......	......	......	......	......	......	5
	S. and Y.	......	2	......	2	......	......	......	......	......	......	......	......	......	......	13
	H.	1	......	......	1	......	......	......	......	......	......	......	......	......	......	41
	T.	1	4	......	5	......	......	......	......	......	......	......	......	......	......	59

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Glaucoma, chronic (Class VI, Inter. 75C)	F. A.		1	1					1	1						1
	S and Y.		1		1											35
	H.			1										1		38
	T.		2	2	1				1	1				1		74
Glioma (Class XIX, Inter. 46)	S and Y.		1	1						2						0
	H.			3	1	1									1	221
	T.		1	4	1	1				2					1	221
Glossitis, acute (Class III, Inter. 99B)	S. and Y.		1							1						0
	H.			1	1											12
	T.		1	1	1					1						12
Glycosuria (Class XVII, Inter. 50)	F. A.		1		1											0
	S. and Y.		1		1											6
	T.		2		2											6
Goitre (Class IV, Inter. 88)	F. A.		11	3	1				1	12						17
	S. and Y.		1	2					2	1						3
	H.	2	6	15	13	5								3	2	769
	T.	2	18	20	14	5			3	13				3	2	789
Gonecystitis, chronic (nonvenereal) (Class VII, Inter. 127).	S. and Y.		1							1						1
	H.			1	1											10
	T.		1	1	1					1						11
Gonococcus infection of conjunctiva (Class IX, Inter. 38B).	F. A.		3	2	1					3				1		44
	S. and Y.		8	2	5				1	4						169
	H.	4		8	5	4								2	1	495
	T.	4	11	12	11	4			1	7				3	1	708

Gonococcus infection of joints (Class IX, Inter. 38B).	F. A.	3	66	70	30	1			24	75				6	3	1,082
	S. and Y.		32	18	18				7	23					2	379
	H.	29	28	124	70	29								48	34	9,228
	T.	32	126	212	118	30			31	98				54	39	10,689
Gonococcus infection of lymph-node (Class IX, Inter. 38B).	F. A.	4	51	21	46	2				23				3	2	685
	S. and Y.		27	6	18					14					1	346
	H.	11		35	37	4								3	2	1,954
	T.	15	78	62	101	6				37				6	5	2,985
Gonococcus infection of urethra (Class IX, Inter. 38B).	F. A.	11	4,336	496	4,565	10			18	229				7	14	6,185
	S. and Y.	2	835	144	845	2			9	119				1	5	1,692
	H.	89	149	418	466	75	5							39	71	25,327
	T.	102	5,320	1,058	5,876	87	5		27	348				47	90	33,204
Gonococcus infection, unqualified (Class IX, Inter. 38B).	F. A.	14	253	89	264	1			3	74				8	6	3,464
	S. and Y.	3	64	30	53	2			2	32				3	5	962
	H.	17	21	120	107	21	2							11	17	6,254
	T.	34	338	239	424	24	2		5	106				22	28	10,680
Gout, acute (Class XVII, Inter. 48C)	F. A.		2	1	1					1				1		41
	S. and Y.	1	3		4											29
	H.			1											1	16
	T.	1	5	2	5					1				1	1	86
Gout, chronic (Class XVII, Inter. 48C)	S. and Y.		1		1											1
Hallux valgus (Class XII, Inter 149)	F. A.		12	1	4				2	6				1		49
	S. and Y.		5	3	2				3	2				1		103
	H.		5	8	8	1							1	1	2	466
	T.		22	12	14	1			5	8			1	3	2	618
Hammer toe (Class XII, Inter. 149)	F. A.		5	1	1				1	4						43
	S. and Y.		6	1	2				2	3						51
	H.		4	8	10	1								1		362
	T.		15	10	13	1			3	7				1		456
Hay fever (Class XIV, Inter. 98)	S. and Y.		1		1											0
Headache (Class XVII, Inter. 189A)	F. A.		8	2	7	1				2						36
	S. and Y.		18		17					1						33
	H.			3	1	2										22
	T.		26	5	25	3				3						91

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Heart block (Class II, Inter. 85)	S. and Y.		1		1											14
Hematemesis (Class III, Inter. 103)	F. A.		1		1											3
	S. and Y.		1							1						0
	H.			1	1											13
	T.		2	1	2					1						16
Hematocele of spermatic cord (Class VII, Inter. 127)	H.		1		1											22
Hematuria, renal (Class VII, Inter. 122)	F. A.		2							2						10
	H.			2		2										30
	T.		2	2		2				2						40
Hemianopsia (Class VI, Inter. 75C)	S. and Y.		1							1						0
	H.			2	1	1										2
	T.		1	2	1	1				1						2
Hemiplegia, old (Class XIII, Inter. 66)	F. A.		3							3						6
	S. and Y.			1	1											91
	H.	2	2	4	1	2								2	3	233
	T.	2	5	5	2	2				3				2	3	330
Hemoglobinuria (Class VII, Inter. 122)	F. A.		1	1	1										1	9
Hemoglobinuric fever (Class VIII, Inter. 19)	F. A.		1					1								17
Hemophilia (Class I, Inter. 55)	F. A.		1	1						1				1		7
	H.			1		1										11
	T.		1	2		1				1				1		18
Hemoptysis (Class XIV, Inter. 98)	F. A.		3		1					2						6
	H.			3	1	2										79
	T.		3	3	2	2				2						85
Hemorrhage, intestinal (Class III, Inter. 110B)	H.		1	1	1	1										4

Hemorrhage into cerebellum (Class XIII, Inter. 64)	S. and Y.		2					1		1						59
Hemorrhage into cerebrum (Class XIII, Inter. 64)	F. A.		2	1					2	1						23
	S. and Y.		1							1						0
	H.			5		2		1						1	1	461
	T.		3	6		2		1	2	2				1	1	484
Hemorrhage into retina (Class VI, Inter. 750 C)	F. A.		2							2						0
	H.			2	1										1	42
	T.		2	2	1					2					1	42
Hemorrhage under conjunctiva, nontraumatic (Class VI, Inter. 75C).	F. A.		1		1											4
Hemorrhoids (Class III, Inter. 83)	F. A.		171	14	55				1	124				4	1	524
	S. and Y.	1	84	12	36				1	59				1		332
	H.	19	14	195	174	16	2						1	9	26	5,638
	T.	20	269	221	265	16	2		2	183			1	14	27	6,494
Hernia, epigastric (Class XVI, Inter. 109)	F. A.		2							2						0
	S. and Y.		1							1						0
	H.		3	4	4	2									1	194
	T.		6	4	4	2				3					1	194
Hernia, femoral (Class XVI, Inter. 109)	F. A.		1	1						2						0
	H.		1	3	2	2										97
	T.		2	4	2	2				2						97
Hernia, inguinal (Class XVI, Inter. 109)	F. A.	2	199	57	59				17	171				8	3	1,184
	S. and Y.	3	95	29	30	1			10	85				1		910
	H.	38	22	267	219	23			1				14	69	1	11,751
	T.	43	316	353	308	24			28	256			14	78	4	13,845
Hernia, internal (Class XVI, Inter. 109)	S. and Y.	1			1											34
Hernia, umbilical (Class XVI, Inter. 109)	F. A.		3	2	1				1	3						3
	H.		1	2	2									1		156
	T.		4	4	3				1	3				1		159
Hernia, ventral (Class XVI, Inter. 109)	F. A.		12	3	2					13						37
	S. and Y.		5	4	2				3	4						28
	H.	2	7	19	15	4								5	4	943
	T.	2	24	28	19	4			3	17				5	4	1,006

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Herpes (Class XV, Inter. 145C)	F. A.		9		8					1						29
	S. and Y.		1		1											4
	H.		1	3	3	1										66
	T.		11	3	12	1				1						99
Hodgkin's disease (Class X, Inter. 53A)	F. A.		1	2					1	2						10
	H.		1	4		1								3	1	94
	T.		2	6		1			1	2				3	1	104
Hordeolum (Class VI, Inter. 75C)	F. A.		8		8											22
	S. and Y.		5		5											12
	T.		13		13											34
Hydrocele of spermatic cord (Class VII, Inter. 127)	F. A.		3		3											9
	S. and Y.		4	1	1				1	3						9
	H.	1	1	3	4									1		78
	T.	1	8	4	8				1	3				1		96
Hydrocele of tunica vaginalis (Class VII, Inter. 127)	F. A.		12	1	3	1				9						22
	S. and Y.		13	4	7					10						76
	H.	1	5	20	19	5							1	1		965
	T.	1	30	25	29	6				19			1	1		1,063
Hydronephrosis (Class VII, Inter. 122)	S. and Y.		1	1	2											5
Hyperesthesia of retina (Class VI, Inter. 75C)	S. and Y.		1							1						12
	H.			1		1										9
	T.		1	1		1				1						21
Hyperchylia, gastric (Class III, Inter. 103)	F. A.		1							1						6
	S. and Y.		1							1						0
	H.		2	4	3	3										111
	T.		4	4	3	3				2						117

Hypermetropia (Class VI, Inter. 75C)	F. A.		8	1	2				1	6						2
	S. and Y.	1	7	3	3				6	2						81
	H.		3	14	12	2								3		252
	T.	1	18	18	17	2			7	8				3		335
Hypertrophy of bone (Class XII, Inter. 146)	F. A.		6							6						0
	S. and Y.	1	4	2	1				3	3						26
	H.		2	11	7	4								2		438
	T.	1	12	13	8	4			3	9				2		464
Hypertrophy of mammary gland (Class XVII, Inter. 133).	F. A.		2		1					1						0
	H.	1		1	2											86
	T.	1	2	1	3					1						86
Hypertrophy of tonsil (Class III, Inter. 100)	F. A.		35	2	14					21				2		41
	S. and Y.		28	8	21				1	13					1	110
	H.	5	22	37	52	5								2	5	1,391
	T.	5	85	47	87	5			1	34				4	6	1,542
Hypochlorhydria (Class III, Inter. 103)	S. and Y.		1		1											15
	H.		1			1										1
	T.		2		1	1										16
Hypochondriasis (Class XIII, Inter. 68)	F. A.		1		1											2
	H.		2		2											4
	T.		3		3											6
Hysteria (Class XIII, Inter. 73A)	F. A.		17	12	8				9	9				2	1	104
	S. and Y.	1	11	4	5	2			2	7						221
	H.	2	4	25	10	6								14	1	592
	T.	3	32	41	23	8			11	16				16	2	917
Ichthyosis (Class XV, Inter. 145C)	S. and Y.			1	1											12
	H.	1			1											17
	T.	1		1	2											29
Imbecility (Class XI, Inter. 74)	F. A.		4	4					4	3				1		110
	S. and Y.	1	1	3					3	1				1		10
	H.	2	5	7	1	4								7	2	414
	T.	3	10	14	1	4			7	4				9	2	534
Impacted feces (Class III, Inter. 110B)	F. A.		1		1											4

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1918*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Impetigo contagiosa (Class XV, Inter. 145 C)	F. A.		8		5					3						46
	S. and Y.		23		14					9						69
	H.		1	13	11	1									2	378
	T.		32	13	30	1				12					2	493
Incontinence of urine (Class VII, Inter. 124)	F. A.		6		1				5							101
	S. and Y.	1	7	3	1				7	3						27
	H.	2		3		2								3		93
	T.	3	13	6	2	2			12	3				3		221
Inflammation of salivary gland (Class III, Inter. 99B).	S. and Y.		3							3						1
	H.			4	2	2										58
	T.		3	4	2	2				3						59
Influenza (Class VIII, Inter. 10)	F. A.	6	599	6	572	5				20				9	5	2,185
	S. and Y.	12	382	16	369	11				23					7	2,006
	H.	5	17	52	41	30									3	817
	T.	23	998	74	982	46				43				9	15	5,008
Ingrowing nail (Class XV, Inter. 145C)	F. A.		113	2	112					2					1	760
	S. and Y.	1	86	2	72				2	13					2	641
	H.	2	9	15	26											623
	T.	3	208	19	210				2	15					3	2,024
Insomnia (Class XVII, Inter. 189A)	F. A.		1							1						0
	S. and Y.		2		1					1						11
	H.			2	2											58
	T.		3	2	3					2						69
Insufficiency of ocular muscle (Class VI, Inter. 75C)	F. A.		6	2	1				3	4						38
	S. and Y.		6	2					6	2						71
	H.	1	4	6	5	1			1					3	1	465
	T.	1	16	10	6	1			10	6				3	1	574

Intertrigó (Class XV, Inter. 145C)	S. and Y.		1		1											6
Intertrigo (Class XV, I Inter. 75C)	F. A.		1		1											37
	S. and Y.		1		1											36
	T.		2		2											73
Iritis (Class VI, Inter. 75C)	F. A.	1	32	6	18	1			3	15				2		377
	S. and Y.	1	10	2	5				1	7						125
	H.	7	4	23	20	6							1	3	4	1,312
	T.	9	46	31	43	7			4	22			1	5	4	1,814
Jaundice, acute infective (Class VIII, Inter. 111)	F. A.		1		1											48
	H.		1												1	58
	T.		2		1										1	106
Keratitis (Class VI, Inter. 75C)	F. A.	1	8		5					4						62
	S. and Y.		3		1				2							10
	H.	1		8	4	3								2		135
	T.	2	11	8	10	3			2	4				2		207
Keratitis, phlyctenular (Class VI, Inter. 75C)	F. A.		1	1	2											18
Keratoiritis (Class VI, Inter. 75C)	S. and Y.		1							1						23
	H.			1	1											25
	T.		1	1	1					1						48
Laryngitis, acute (Class XIV, Inter. 87)	F. A.	1	18		19											85
	S. and Y.		31	2	21	1			1	9					1	118
	H.	3	1	8	7	2								1	2	295
	T.	4	50	10	47	3			1	9				1	3	498
Laryngitis, chronic (Class XIV, Inter. 87)	F. A.		4	2	1				1	3				1		19
	S. and Y.		1	2	1				1	1						18
	H.			8	3	1								4		220
	T.		5	12	5	1			2	4				5		257
Leprosy (Class VIII, Inter. 17)	H.	1												1		27
Leukemia (Class I, Inter. 53C)	H.		1					1								5
Leukoma (Class V ,Inter. 75C)	F. A.	1		2					2	1						7
	S. and Y.		1	2	1				1					1		39
	H.		2	1	1									2		82
	T.	1	3	5	2				3	1				3		128

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Lichen, planus (Class XV, Inter. 145C)	F. A.		1		1											0
Lipoma (Class XIX, Inter. 46)	F. A.		4	1	4					1						15
	S. and Y.		5		2				1	2						6
	H.		1	2	3											56
	T.		10	3	9				1	3						77
Locomotor ataxia (Class XIII, Inter. 62)	F. A.			2					2							45
	H.	1		1										2		125
	T.	1		3					2					2		170
Loss of substance of (bone or cartilage) (Class XII, Inter. 146).	F. A.		1	1					1	1						0
	H.		1	1										2		64
	T.		2	2					1	1				2		64
Lupus, erythematosus (Class XV, Inter. 145C)	F. A.		2							2						0
	H.			3	1	1									1	152
	T.		2	3	1	1				2					1	152
Lymphadenitis, acute (Class X, Inter. 84)	F. A.	7	135	18	104	2				38				10	6	1,796
	S. and Y.	5	44	20	45	5				18					1	1,443
	H.	3	7	58	44	12								4	8	2,408
	T.	15	186	96	193	19				56				14	15	5,647
Lymphadenitis, chronic (Class X, Inter. 84)	F. A.		10	2	3				1	6				2		102
	S. and Y.		4	2	4					2						127
	H.	6	1	15	16	2							1	2	1	1,176
	T.	6	15	19	23	2			1	8			1	4	1	1,405
Lymphangiectasis (Class X, Inter. 84)	H.		1												1	61
Lymphangioma (Class XIX, Inter. 46)	F. A.		1		1											7

Lymphangitis (Class X, Inter. 84)	F. A.		18	3	14				1	5					1	[illegible]
	S. and Y.		2		1					1						18
	H.	1		6	3	3								1		178
	T.	1	20	9	18	3			1	6				1	1	356
Lymphoma (Class XIX, Inter. 46)	H.			1	1											73
Malaria (Class VIII, Inter. 4)	F. A.	2	485	134	543	7			1	38			1	2	29	2,793
	S. and Y.	13	262	72	225	2				110				5	5	1,774
	H.	11	49	171	190	27		1					2	5	6	4,022
	T.	26	796	377	958	36		1	1	148			3	12	40	8,589
Malformation, congenital (Class XVII, Inter. 150)	F. A.		5	1	2				1	3						12
	S. and Y.		9	4	1				6	6						54
	H.	1	1	9	6									3	2	280
	T.	1	15	14	9				7	9				3	2	346
Malingering (Class XVII, Inter. 189B)	F. A.		7	1	7		1									24
	S. and Y.		3		2					1						6
	H.			1	1											3
	T.		10	2	10		1			1						33
Mastoiditis, acute (Class V, Inter. 146)	F. A.		7							7						2
	S. and Y.		2			1				1						9
	H.		2	10	7	3								2		396
	T.		11	10	7	4				8				2		407
Mastoiditis, chronic (Class V, Inter. 146)	F. A.		1							1						0
	S. and Y.		2							2						0
	H.	1		5	4	1								1		351
	T.	1	3	5	4	1				3				1		351
Masturbation (Class VII, Inter. 74)	H.			1										1		23
Measles (Class VIII, Inter. 6)	F. A.		348	5	125	2		1		219				6		1,707
	S. and Y.	5	234	25	116	2				146						1,857
	H.	22	48	383	392	38								21	2	8,788
	T.	27	630	413	633	42		1		365				27	2	12,352
Melancholia, involutional (Class XI, Inter. 68)	F. A.		2			1				1						28
	S. and Y.		1							1						19
	H.			2		2										18
	T.		3	2		3				2						65

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Meningitis, cerebral (Class XIII, Inter. 61)	F. A.		2					2								12
Meningitis, cerebrospinal (Class XIII, Inter. 61)	F. A.		1											1		10
	S. and Y.		3	1	2					2						165
	H.		2	2	2			2								90
	T.		6	3	4			2		2				1		265
Metatarsalgia (Class XII, Inter. 149)	F. A.		3	1	1				1	2						9
	S. and Y.		2	1					1	1					1	22
	H.		1	5		1								3	2	237
	T.		6	7	1	1			2	3				3	3	268
Migraine (Class XVII, Inter. 74)	F. A.		1	1	1				1							4
	S. and Y.		6	1	5				1	1						21
	H.		2	1										3		107
	T.		9	3	6				2	1				3		132
Miliaria (Class XV, Inter. 145C)	F. A.		1		1											2
	S. and Y.		3		3											9
	T.		4		4											11
Mixed benign tumor (Class XIX, Inter. 46)	F. A.		1		1											9
	S. and Y.			1	1											30
	T.		1	1	2											39
Mumps (Class VIII, Inter. 19)	F. A.		394	5	136	1				253				5	4	2,224
	S. and Y.	1	395	6	299	1				74					28	5,065
	H.	5	65	340	353	24								4	29	8,847
	T.	6	854	351	788	26				327				9	61	16,136
Mycosis fungoides (Class XV, Inter. 28B)	F. A.		1		1											0
Myocarditis, acute (Class II, Inter. 78)	F. A.		1	1	1									1		1
	H.	1	1		2											37
	T.	1	2	1	3									1		38

Myocarditis, chronic (Class II, Inter. 79C)	F. A.		2	2				1	2	1						2
	S. and Y.		1	2	1				1	1						31
	H.		8	2	6									3	1	191
	T.		11	6	7			1	3	2				3	1	224
Myopia (Class VI, Inter. 75C)	F. A.		10	5	4				4	6				1		39
	S. and Y.		22		12				7	3						67
	H.	1	2	13	6	3								6	1	567
	T.	1	34	18	22	3			11	9				7	1	673
Myositis, acute (Class XII, Inter. 149)	F. A.		14	2	12					3				1		132
	S. and Y.		2		2											20
	H.	1	1	2	2	1									1	23
	T.	1	17	4	16	1				3				1	1	175
Myositis, chronic (Class XII, Inter. 149)	F. A.		2	2	1				1	1					1	24
	H.			2		1								1		55
	T.		2	4	1	1			1	1				1	1	79
Myotonia, congenita (Class XII, Inter. 149)	S. and Y.		1							1						0
	H.			1	1											40
	T.		1	1	1					1						40
Nausea marina (Class XVII, Inter. 189A)	F. A.		30	13	26				8	8				1		103
	S. and Y.		1	2	1	1				1						16
	H.	1	1	11	4	1								6	2	297
	T.	1	32	26	31	2			8	9				7	2	416
Necrosis (Class XII, Inter. 146)	F. A.		7	1	2					6						59
	S. and Y.		1							1						0
	H.		3	7	6	2									2	699
	T.		11	8	8	2				7					2	758
Nephritis, acute (Class VII, Inter. 119)	F. A.		19	2	9			3		8				1		148
	S. and Y.		9		5					4						94
	H.	2	7	15	12	8							1	1	2	727
	T.	2	35	17	26	8		3		12			1	2	2	969
Nephritis, chronic interstitial (Class VII, Inter. 120)	F. A.	1	10	5	2				2	11					1	126
	S. and Y.	1	4	5	4			1	1	4						143
	H.	6	6	22	8	5		3					2	13	3	1,180
	T.	8	20	32	14	5		4	3	15			2	13	4	1,449

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Nephritis, chronic parenchymatous (Class VII, Inter. 120).	F. A.		12	9					6	15						25
	S. and Y.		7	4	3				3	5						153
	H.	1	7	29	13	5		1					1	13	4	1,213
	T.	1	26	42	16	5		1	9	20			1	13	4	1,391
Nephrolithiasis (Class VII, Inter. 123)	F. A.	2	7	3	7					5						54
	S. and Y.		8	3	5					4			1	1		105
	H.	1	2	12	10	3		1							1	346
	T.	3	17	18	22	3		1		9			1	1	1	505
Nephroptosis (Class VII, Inter. 122)	F. A.		1	1						1				1		14
	H.		1	2	2									1		42
	T.		2	3	2					1				2		56
Nervous dyspepsia (Class III, Inter. 103)	F. A.		6	1	4				1	2						45
	S. and Y.	1	4		3					2						22
	H.	1	1	4	4	1								1		183
	T.	2	11	5	11	1			1	4				1		250
Neuralgia (Class XIII, Inter. 73B)	F. A.		35	12	35				3	8					1	164
	S. and Y.	2	16	4	16	2				4						100
	H.	1	2	13	8	2								4	2	519
	T.	3	53	29	59	4			3	12				4	3	783
Neurasthenia (Class XIII, Inter. 74)	F. A.		63	19	22	1			10	46			1	1	1	509
	S. and Y.	3	26	17	16	1			3	20			1		5	1,173
	H.	15	18	102	49	36	1		3				7	26	13	3,606
	T.	18	107	138	87	38	1		16	66			9	27	19	5,288
Neuritis (Class XIII, Inter. 73B)	F. A.		40	9	22				3	20				3	1	490
	S. and Y.	2	20	13	13	1			9	11				1		595
	H.	5	12	49	20	15								22	9	3,320
	T.	7	72	71	55	10			12	31				26	10	4,405

Neuritis, multiple (Class XIII, Inter. 73B)	F. A.		1	1						2						20
	S. and Y.		1	1					1	1						62
	H.	2	1	3	1	1								1	3	232
	T.	2	3	5	1	1			1	3				1	3	314
Neuritis, optic (Class VI, Inter. 75C)	F. A.		1	1						2						0
	S. and Y.	3			3											224
	H.	1	1	4	2	2			1					1		283
	T.	4	2	5	5	2			1	2				1		507
Neuroma (Class XIX, Inter. 46)	H.		1		1											72
Neuroretinitis (Class VI, Inter. 75C)	F. A.		1							1						20
	H.	1		2	1									1	1	69
	T.	1	1	2	1					1				1	1	89
Neurosis, intestinal (Class III, Inter. 110B)	F. A.		44	2	41					5						142
	S. and Y.		16		12					4						38
	H.		1	14	7	8										104
	T.		61	16	60	8				9						284
Neurosis, occupational (Class XIII, Inter. 74)	F. A.		3	1	2									2		32
	H.	1		1		1								1		42
	T.	1	3	2	2	1								3		74
Neurosis of bladder (Class VII, Inter. 124)	F. A.		14	17	5				14	10				2		125
	S. and Y.		10		6				2	2						33
	H.	1	3	15	6	3								9	1	511
	T.	1	27	32	17	3			16	12				11	1	669
Neurosis, traumatic (Class XIII, Inter. 74)	F. A.		3		2					1						59
	S. and Y.		1							1						2
	H.		3	3	2	1								2	1	489
	T.		7	3	4	1				2				2	1	550
Nevus (Class XV, Inter. 150)	F. A.		1							1						0
	H.			2	1	1										6
	T.		1	2	1	1				1						6
No disease (Class XVII, Inter. 189A)	F. A.		46	2	19				2	26				1		174
	S. and Y.		10		4					6						34
	H.	1	23	51	51	21								2	1	668
	T.	1	79	53	74	21			2	32				3	1	876

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Nostalgia (Class XVII, Inter. 68)	S. and Y.		3	1						4						2
	H.			6	2	4										49
	T.		3	7	2	4				4						51
Nystagmus (Class VI, Inter 75C)	F. A.		1							1						1
	S. and Y.		1							1						0
	H.			3	1	2										166
	T.		2	3	1	2				2						167
Obesity (Class XVII, Inter. 55)	S. and Y.		1	1	1				1							23
Obstruction, acute intestinal (Class III, Inter. 109)	F. A.		3			1				2						32
	S. and Y.		1		1											2
	H.	1	1	3	3	1		1								78
	T.	1	5	3	4	2		1		2						112
Obstruction, chronic intestinal (Class III, Inter. 109)	F. A.		2							2						6
	S. and Y.			1	1											31
	H.		1	4	3	1							1			118
	T.		3	5	4	1				2			1			155
Obstruction of portal vein (Class III, Inter 115)	F. A.		1							1						1
	H.			1											1	16
	T.		1	1						1					1	17
Onychauxis (Class XV, Inter. 145C)	F. A.		1							1						1
	H.			1	1											5
	T.		1	1	1					1						6
Onychia (Class XV, Inter. 145C)	F. A.	1	24		22					3						307
	S. and Y.		8		5	1				2						88
	H.			6	5	1										271
	T.	1	32	6	32	2				5						666

Onychoma (Class XV, Inter. 145C)	S. and Y.		1		1											14
Opacity of vitreous humor (Class VI, Inter 75C)	H.	1												1		149
Orchitis, acute (Class VII, Inter. 127)	F. A.		43	3	35					5				5	1	350
	S. and Y.		21	2	19					4						168
	H.	1		10	5	4								2		297
	T.	1	64	15	59	4				9				7	1	815
Orchitis, chronic (Class VII Inte 2)	F. A.		7	2	1				2	5					1	63
	S. and Y.		1							1						1
	H.	1	1	5	2	3								1	1	314
	T.	1	9	7	3	3			2	6				1	2	378
Osteoarthropathy, hypertrophic (Class XVII, Inter. 36B).	S. and Y.		1							1						8
	H.		1	1					1						1	127
	T.		2	1					1	1					1	135
Osteoma (Class XIX, Inter. 46)	F. A.		7	3	1				2	7						11
	S. and Y.		3	2					1	3				1		12
	H.	2	2	11	7	3	1							4		592
	T.	2	12	16	8	3	1		3	10				5		615
Osteomyelitis, acute (Class XII, Inter. 146)	F. A.		1							1						1
	H.			1	1											89
	T.		1	1	1					1						90
Osteomyelitis, chronic (Class XII, Inter. 146)	F. A.		4	1	1					3				1		148
	S. and Y.		2							2						2
	H.	1	1	6	1	2								1	4	723
	T.	1	7	7	2	2				5				2	4	873
Otitis externa (Class V, Inter. 76)	F. A.		35		32					2				1		137
	S. and Y.		16	2	11					7						69
	H.	2	6	9	14	2									1	257
	T.	2	57	11	57	2				9				1	1	463
Otitis interna, acute (Class V, Inter. 76)	F. A.		4		2				1						1	31
	S. and Y.		1							1						3
	H.			1		1										7
	T.		5	1	2	1			1	1					1	41

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Otitis interna, chronic (Class V, Inter. 76)	F. A		4	4	2				2	4						29
	S. and Y.		2	1	1					2						2
	H		1	4	2	1							1		1	245
	T		7	9	5	1			2	6			1		1	276
Otitis media, acute (Class V, Inter. 76)	F. A	1	101	14	81				1	32				2		495
	S. and Y.		58	4	35	1			1	22				2	1	458
	H	8	12	54	48	12	1		1				2	6	4	2,225
	T	9	171	72	164	13	1		3	54			2	10	5	3,178
Otitis media, chronic (Class V, Inter. 76)	F. A	1	120	48	69	2			35	62				1		343
	S. and Y.	1	68	26	40	1			27	22			1		4	494
	H	14	22	120	62	12	1		2					65	14	6,798
	T	16	210	194	171	15	1		64	84			1	66	18	7,635
Ozena (Class XIV, Inter. 86)	F. A		1							1						0
	S. and Y.		1							1						0
	H			2		1								1		140
	T		2	2		1				2				1		140
Pachymeningitis, cerebral (Class XIII, Inter. 61)	F. A		2	1	1					2						0
	S. and Y.			1					1							0
	H		1	2	1	1								1		78
	T		3	4	2	1			1	2				1		78
Palpitation, cardiac (Class II, Inter. 85)	F. A		15	8	8				2	13						125
	S. and Y.		7	1	1				4	3						11
	H	2	1	21	10	3	1							7	3	733
	T	2	23	30	19	3	1		6	16				7	3	869
Pancreatitis, acute (Class III, Inter. 118)	F. A		2		2											32

Panophthalmitis (Class VI, Inter. 75C)	F. A.		1							1						0
	H.			1		1										34
	T.		1	1		1				1						34
Papilloma (Class XIX, Inter. 46)	F. A.		3		1					2						10
	S. and Y.		2	1					1	2						50
	H.			4	2	1								1		141
	T.		5	5	3	1			1	4				1		201
Paralysis of nerve (Class XIII, Inter. 66)	F. A.		9	3	3				2	6				1		21
	S. and Y.		6	2	3				1	4						52
	H.	1	4	14	8	3								5	3	702
	T.	1	19	19	14	3			3	10				6	3	775
Paralysis of ocular muscle (Class VI, Inter. 75C)	F. A.		2	1	1					2						5
	S. and Y.		2	1						2					1	26
	H.	2		5	5	1								1		207
	T.	2	4	7	6	1				4				1	1	238
Paramyoclonus multiplex (Class XIII, Inter. 74)	F. A.		1							1						0
	H.			1											1	15
	T.		1	1						1					1	15
Paranoia (Class XI, Inter. 68)	F. A.		2							2						1
	S. and Y.		1							1						10
	H.	1	3	10		4			1		4			3	2	361
	T.	1	6	10		4			1	3	4			3	2	372
Paranoic state (Class XI, Inter. 68)	F. A.		3							3						3
	S. and Y.		1	1					1						1	94
	H.		3	8		4			1		2		1	1	2	321
	T.		7	9		4			2	3	2		1	1	3	418
Paraphimosis (Class VII, Inter. 127)	F. A.		6		6											56
	S. and Y.		3		1	1				1						31
	H.			1	1											47
	T.		9	1	8	1				1						134
Paratyphoid fever (Class VIII, Inter. 1)	S. and Y.		1	1	1					1						17
	H.			2	1	1										25
	T.		1	3	2	1				1						42

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Pediculosis (Class XVIII, Inter. 145C)	F. A.		4		3					1						6
	S. and Y.		2		1					1						1
	H.		4	3	2	3									2	131
	T.		10	3	6	3				2					2	138
Pemphigus (Class XV, Inter. 145C)	F. A.		2		1					1						8
	S. and Y.		1		1											19
	H.	1		1	1										1	68
	T.	1	3	1	3					1					1	95
Perforated nasal septum (Class XIV, Inter. 86)	F. A.		1		1											8
Pericarditis (Class II, Inter. 77)	S. and Y.		1							1						0
	H.		1	2	1	1		1								6
	T.		2	2	1	1		1		1						6
Pericardium, adherent (Class II, Inter. 77)	F. A.		1		1											11
Perichondritis of auricle (Class V, Inter. 76)	F. A.		1		1											4
Periostitis, acute (Class XII, Inter. 146)	F. A.		19	2	13					5				1	2	218
	S. and Y.		7	3	4				1	5						62
	H.		3	10	10									1	2	516
	T.		29	15	27				1	10				2	4	796
Periostitis, chronic (Class XII, Inter. 146)	F. A.		8	8	4				4	8						39
	S. and Y.		1	1	1					1						0
	H.	3	3	12	6	1	1							8	2	1,117
	T.	3	12	21	11	1	1		4	9				8	2	1,156
Peritonitis, acute general (Class III, Inter. 117)	S. and Y.		1							1						1
	H.		1	1	1			1								115
	T.		2	1	1			1		1						116
Peritonitis, acute local (Class III, Inter. 117)	H.		1	1		1		1								14

Peritonitis, chronic local (Class III, Inter. 117)	H.			1		1										13
Pes planus (Class XII, Inter. 149)	F. A.	1	83	60	20				62	46			1	15		750
	S. and Y.		72	62	10				84	35				4	1	1,055
	H.	15	36	110	23	8	1		5					113	11	4,403
	T.	16	191	232	53	8	1		151	81			1	132	12	6,208
Pharyngitis, acute (Class III, Inter. 100)	F. A.		20		17	1				2						89
	S. and Y.		16		12					4						41
	H.		2	8	7	3										95
	T.		38	8	36	4				6						225
Pharyngitis, chronic (Class III, Inter. 100)	F. A.		2		1					1						1
	S. and Y.		3		2					1						10
	H.	1	1	2	3	1										149
	T.	1	6	2	6	1				2						160
Phimosis (Class VII, Inter. 127)	F. A.		224	1	203					16				2	4	1,262
	S. and Y.	1	73	5	48					28				2	1	462
	H.	4	14	44	53	7									2	934
	T.	5	311	50	304	7				44				4	7	2,658
Phlebitis (Class II, Inter. 83)	F. A.		4	1	1				1	3						4
	S. and Y.		3	1	2					2						98
	H.	1	3	7	6	2								3		474
	T.	1	10	9	9	2			1	5				3		576
Pityriasis rosea (Class XV, Inter. 145C)	F. A.		4		3					1						47
	S. and Y.		5		4					1						26
	H.		1	2	2	1										96
	T.		10	2	9	1				2						169
Pityriasis versicolor (Class XVIII, Inter. 25B)	F. A.		1							1						0
	H.			1										1		36
	T.		1	1						1				1		36
Pleurisy, acute fibrinous (Class XIV, Inter. 93)	F. A.	1	55	1	31	1				22				2	1	392
	S. and Y.	1	26	2	14					15						284
	H.	4	10	42	29	21								3	3	1,331
	T.	6	91	45	74	22				37				5	4	2,007

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Pleurisy, chronic fibrinous (Class XIV, Inter. 93)	F. A.		7	3	2				3	5						31
	S. and Y.		5	2	1				1	5						11
	H.	3	6	22	14	7			1			2		5	2	1,186
	T.	3	18	27	17	7			5	10		2		5	2	1,228
Pleurisy, serofibrinous (Class XIV, Inter. 93)	F. A.		18	5	6	1			2	13					1	209
	S. and Y.		5	1	2					3				1		81
	H.	1	9	24	17	7	1	1						6	2	1,643
	T.	1	32	30	25	8	1	1	2	16				7	3	1,933
Pleurisy, suppurative (Class XIV, Inter. 93)	F. A.		4		2									1	1	110
	S. and Y.	1		2	1				2							16
	H.	7	3	2	6	2								3	1	1,087
	T.	8	7	4	9	2			2					4	2	1,213
Pleuritic adhesions (Class XIV, Inter. 93)	F. A.		1	1						1				1		29
	S. and Y.		2		1					1						13
	H.			2	1										1	60
	T.		3	3	2					2				1	1	102
Pneumonia, broncho- (Class XIV, Inter. 91)	F. A.		27	1	9			1		17					1	184
	S. and Y.		17	2	4	1		3		11						206
	H.	1	4	28	15	9		1						2	6	781
	T.	1	48	31	28	10		5		28				2	7	1,171
Pneumonia, lobar (Class XIV, Inter. 92	F. A.	1	84	4	24	4		2		57				1	1	663
	S. and Y.	2	40	3	6	2		3		27			2		5	367
	H.	15	17	101	78	35	1	11						3	5	3,909
	T.	18	141	108	108	41	1	16		84			2	4	11	4,939
Poliomyelitis, acute anterior (Class VIII, Inter. 63)	F. A.		1							1						79
	H.			2										1	1	155
	T.		1	2						1				1	1	234

Poliomyelitis, acute bulbar (Class VIII, Inter. 63)	S. and Y.	1			1											317
Poliomyelitis, chronic anterior (Class VIII, Inter. 63)	H.			1	1											82
Polypus, nasal (Class XIV, Inter. 46)	F. A.		3	1	1					3						8
	S. and Y.		3		3											3
	H.	1		3	2	2										81
	T.	1	6	4	6	2				3						92
Proctitis (Class III, Inter. 110A)	F. A.		2		1					1						11
	S. and Y.		1		1											5
	H.			1	1											34
	T.		3	1	3					1						50
Prolapse of rectum (Class III, Inter. 110B)	F. A.		5	2					1	6						1
	H.			6	6											140
	T.		5	8	6				1	6						141
Prostatitis, acute (Class VII, Inter. 126)	F. A.		8	2	6	1				3						68
	S. and Y.		2		1					1						18
	H.	1		4	2	1									2	55
	T.	1	10	6	9	2				4					2	141
Prostatitis, chronic (Class VII, Inter. 126)	F. A.		4	1	3					2						24
	S. and Y.		2	1	1				1	1						0
	H.		7	5	9	2								1		514
	T.		13	7	13	2			1	3				1		538
Psoriasis (Class XV, Inter. 145C)	F. A.		9	1	5					5						32
	S. and Y.		3	1	2					2						0
	H.		1	9	8	2										467
	T.		13	11	15	2				7						499
Psychasthenia (Class XI, Inter. 68)	F. A.		28	8	2				7	24				2	1	53
	S. and Y.		5	10	3				9	3						100
	H.	4	12	45	6	17			3		2		4	24	5	1,622
	T.	4	45	63	11	17			19	27	2		4	26	6	1,775
Psychosis (due to organic brain disease) (Class XI, Inter. 74)	F. A.		1							1						0
	H.		1	2		1		1			1					58
	T.		2	2		1		1		1	1					58

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Psychosis, epileptic (Class XI, Inter. 69)	S. and Y.		3		1					2						8
	H.		4	4		1			1		3			1	2	208
	T.		7	4	1	1			1	2	3			1	2	216
Psychosis (exhaustive, infective, and toxic) (Class XI, Inter. 68).	F. A.		1	1						2						14
	S. and Y		2							2						90
	H.		2	9	3	1			1		3			2	1	462
	T.		5	10	3	1			1	4	3			2	1	566
Psychosis, hysterical (Class XI, Inter. 73A)	F. A.		5	1	1					5						21
	S. and Y.		1	2						3						0
	H.		1	10	6	2					1				2	202
	T.		7	13	7	2				8	1				2	223
Psychosis, intoxication (Class XI Inter. 68	F. A.		29	1	8	1	1	1	1	18						77
	S. and Y.		11	4	4				2	8				1		44
	H.	1	6	34	25	6					2			6	2	946
	T.	1	46	39	37	7	1	1	3	26	2			7	2	1,067
Psychosis, manic depressive (Class XI, Inter. 68)	F. A.		7	1					3	4					1	63
	S. and Y.		4		1					2	1					21
	H.	8	12	18	1	9		1	10		9			4	4	2,256
	T.	8	23	19	2	9		1	13	6	10			4	5	2,340
Psychosis, traumatic (Class XI, Inter. 68)	F. A.		1							1						5
	H.		1	2	1	1					1					93
	T.		2	2	1	1				1	1					98
Pterygium (Class VI, Inter. 75C)	F. A.		29	4	6					25				2		44
	S. and Y.		13	1	8					6						51
	H.	2	3	31	33	1									2	1,076
	T.	2	45	36	47	1				31				2	2	1,171

Purpura (Class I, Inter. 55)	F. A.		2		2											6
	S. & Y.		1												1	10
	T.		3		2										1	16
Pyelitis (Class VII, Inter. 122)	F. A.		6	1						7						62
	S. and Y.		4		2					2						49
	H.		1	13	8	3								2	1	771
	T.		11	14	10	3				9				2	1	882
Pyelonephritis (Class VII, Inter. 122)	F. A.		1							1						3
	H.		1	2	1	1									1	172
	T.		2	2	1	1				1					1	175
Pyorrhoea, alveolar (Class III, Inter. 99A)	F. A.		9		5					4						29
	S. and Y.		2		1					1						0
	H.		1	5	4										2	71
	T.		12	5	10					5					2	100
Raynaud's disease (Class XVII, Inter. 142)	S. and Y.		1							1						2
	H.		1	1											2	93
	T.		2	1						1					2	95
Redundant prepuce (Class VII, Inter. 127)	F. A.		52		43	1				5					3	264
	S. and Y.		14		7					7						92
	H.		5	14	17										2	291
	T.		71	14	67	1				12					5	647
Retention cyst (Class XIX, Inter. 46)	F. A.		4		4											9
	S. and Y.		4	2	2					4						7
	H.			5	3	1									1	191
	T.		8	7	9	1				4					1	207
Retinitis (Class VI, Inter. 75C)	F. A.		5	4	3				2	3				1		20
	H.	1		4	1	2								1	1	498
	T.	1	5	8	4	2			2	3				2	1	518
Rheumatic fever, acute (Class VIII, Inter. 47)	F. A.	2	128	26	70				1	79				4	2	1,517
	S. and Y.	1	50	13	26	2			1	30					5	530
	H.	13	11	111	89	22								15	9	6,421
	T.	16	189	150	185	24			2	100				19	16	8,468

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Rheumatic fever, subacute (Class VIII, Inter. 47)	F. A.	1	46	14	42				3	13				2	1	669
	S. and Y.		12	7	14	1				4						331
	H.	7	2	20	16	3	1							7	2	967
	T.	8	60	41	72	4	1		3	17				9	3	1,967
Rheumatism, chronic articular (Class XVII, Inter. 48B).	F. A.	1	65	18	33	3			4	36				5	3	876
	S. and Y.	1	25	13	21	1			1	15				1		471
	H.	10	12	60	41	10	1							16	14	3,920
	T.	12	102	91	95	14	1		5	51				22	17	5,267
Rheumatism, muscular (Class XVII, Inter. 149)	F. A.	1	177	22	144	2			5	46				2	1	1,260
	S. and Y.	2	69	7	47				2	28				1		460
	H.	5	17	83	51	33	1							11	9	3,533
	T.	8	263	112	242	35	1		7	74				14	10	5,253
Rhinitis, acute (Class XIV, Inter. 86)	F. A.		22		22											70
	S. and Y.		31		29					1					1	111
	H.		1	3	3	1										26
	T.		54	3	54	1				1					1	207
Rhinitis, atrophic (Class XIV, Inter. 86)	F. A.		1							1						0
	S. and Y.		1		1											0
	H.	1	1	1	2									1		125
	T.	1	3	1	3					1				1		125
Rhinitis, hypertrophic (Class XIV, Inter. 86)	F. A.		25	1	16	1				9						64
	S. and Y.		7		1					6						17
	H.	3	3	16	17	4			1							566
	T.	3	35	17	34	5			1	15						647
Rickets (Class XVII, Inter. 36C)	S. and Y.		1						1							3
Rupture of heart, spontaneous (Class II, Inter. 79C)	F. A.		1					1								0

Sarcoma (Class XIX, Inter. 39–45)	F. A.		1							1						14
	S. and Y.		1							1						0
	H.	2	2	5	3	2		2						1	1	321
	T.	2	4	5	3	2		2		2				1	1	335
Scabies (Class XVIII, Inter. 145B)	F. A.		204	9	129					83				1		814
	S. and Y.	2	107	7	40	1			1	73					1	449
	H.	13	23	167	154	22	3							4	20	5,461
	T.	15	334	183	323	23	3		1	156				5	21	6,724
Scarlet fever (Class VIII, Inter. 7)	F. A.	2	22	2	4					20				2		618
	S. and Y.		8	1	6					3						150
	H.	3	6	27	30	5									1	823
	T.	5	36	30	40	5				23				2	1	1,591
Schistosomiasis, intestinal (Class XVIII, Inter. 107)	F. A.		7	1										8		237
	H.		1		1											34
	T.		8	1	1									8		271
Scleritis (Class VI, Inter. 75C)	F. A.		1		1											2
	S. and Y.		1		1											0
	H.	1							1							25
	T.	1	2		2				1							27
Sclerosis, amyotrophic lateral (Class XIII, Inter. 63)	F. A.		1	1					1	1						2
	H.			2										2		42
	T.		1	3					1	1				2		44
Sclerosis, disseminated (Class XIII, Inter. 63)	F. A.			1					1							1
	H.		2	1					1					2		277
	T.		2	2					2					2		278
Sclerosis, lateral (Class XIII, Inter. 63)	S. and Y.			1					1							10
	H.		1		1											8
	T.		1	1	1				1							18
Seborrhea (Class XV, Inter. 145C)	S. and Y.		1		1											1
Senility (Class XVII, Inter. 154B)	F. A.		2							1					1	1
	S. and Y.		1	1	1				1							120
	H.			1		1										41
	T.		3	2	1	1			1	1					1	162

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Septicemia (Class VIII, Inter. 20)	F. A.		6	5	3	1		2		1				4		218
	S. and Y.		1		1											21
	H.		2	1	1			2								14
	T.		9	6	5	1		4		1				4		253
Shock (Class XVII, Inter. 189A)	S. and Y.		1		1											1
Sinus (Class XVII, Inter. 145C)	F. A.		6		1					5						19
	S. and Y.		1	3	3										1	260
	H.		3	9	6	2							1	1	2	908
	T.		10	12	10	2				5			1	1	3	1,187
Sinusitis, frontal (Class XIV, Inter. 146)	F. A.		10	1	5					6						25
	S. and Y.		11	3	10					3				1		68
	H.	2	2	9	10	1	1								1	495
	T.	2	23	13	25	1	1			9				1	1	588
Sinusitis, maxillary (Class XIV, Inter. 146)	F. A.	1	5		3					3						13
	S. and Y.		2		1				1							34
	H.		1	2	2	1										31
	T.	1	8	2	6	1			1	3						78
Smallpox (Class VIII, Inter. 5)	F. A.		30	4	2					1				27	4	189
	S. and Y.		8	35	3	12		3		2					23	397
	H.	1		5	4	2										95
	T.	1	38	44	9	14		3		3				27	27	681
Somnambulism (Class XIII, Inter. 74)	F. A.		3	2	2				1	2						18
	H.		1	2										1	2	61
	T.		4	4	2				1	2				1	2	79
Splanchnoptosis (Class III, Inter. 110B)	H.	1							1							22
Sprue (Class III, Inter. 110B)	F. A.		1					1								2

Spur on nasal septum (Class XIV, Inter. 86)	F. A.		1							1						0
	S. and Y.		8		4					4						7
	H.	1		4	4	1										140
	T.	1	9	4	8	1				5						147
Stammering (Class XIII, Inter. 74)	F. A.		1	2					1	1				1		70
	S. and Y.		2		1				1							14
	H.			1										1		18
	T.		3	3	1				2	1				2		102
Stenosis of nasal duct (Class VI, Inter. 75C)	F. A.		1							1						0
	S. and Y.		1							1						0
	H.		1	1	2											173
	T.		3	1	2					2						173
Stomatitis (Class III, Inter. 99B)	F. A.		5		3					2						31
	S. and Y.		9	1	7					3						49
	H.		2	8	7	3										239
	T.		16	9	17	3				5						319
Stricture of urethra (Class VII, Inter. 125)	F. A.	1	23	5	14					15						80
	S. and Y.		11	3	4					10						22
	H.	3	4	25	22	6	1								3	1,317
	T.	4	38	33	40	6	1			25					3	1,419
Strongyloides, intestinal (Class XVIII, Inter. 107)	H.		2		2											7
Stuttering (Class XIII, Inter. 74)	F. A.		1						1							9
	S. and Y.		1						1							0
	T.		2						2							9
Sudamina (Class XV, Inter. 145C)	S. and Y.		1							1						0
	H.			2	1	1										13
	T.		1	2	1	1				1						13
Symblepharon (Class VI, Inter. 75C)	H.	1	1		2											236
Syphilis (Class IX, Inter. 37)	F. A.	8	863	464	530	2	1	1	39	710				43	9	4,425
	S. and Y.	6	244	155	167	2			27	199				4	6	2,729
	H.	160	340	1,049	1,101	156	8	3	4		1			113	163	55,476
	T.	174	1,447	1,668	1,798	160	9	4	70	909	1			160	178	62,630

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Tachycardia (Class II, Inter. 85)	F. A		8	4	2				3	7						27
	S. and Y.		3						3							7
	H		3	7	3	4			1					2		155
	T		14	11	5	4			7	7				2		189
Talipes (Class XII, Inter. 149)	S. and Y.		1	1					1						1	13
	H			1										1		134
	T		1	2					1					1	1	147
Teniasis (Class XVIII, Inter. 107)	F. A		20	3	20					3						62
	S. and Y.		15	1	14					2						37
	H	1	3	5	9											134
	T	1	38	9	43					5						233
Tenosynovitis (Class XII, Inter. 149)	F. A		18		17					1						134
	S. and Y.		2		1					1						3
	H		2	2	3										1	200
	T		22	2	21					2					1	337
Teratoma (Class XIX, Inter. 46)	F. A		1		1											0
Thrombosis (Class II, Inter. 82)	S. and Y.		1		1											76
	H		1					1								1
	T		2		1			1								77
Thyroiditis, chronic (Class IV, Inter. 88)	F. A		1	1					1	1						2
	H			2		1								1		71
	T		1	3		1			1	1				1		73
Tic, convulsive (Class XIII, Inter. 74)	F. A			1					1							1
	S. and Y.		2							2						1
	H	1		5	2	3								1		91
	T	1	2	6	2	3			1	2				1		93

	S. and Y.	3	666	24	607	4				71				1	10	2,755
	H	8	48	190	186	52	1							1	6	3,075
	T	32	2,736	273	2,783	71	1			194				14	28	13,828
Tonsillitis, chronic (Class III, Inter. 100)	F. A	1	58	7	43					21				1	1	227
	S. and Y.		15	3	12	1				4				1		80
	H	6	6	34	25	11									10	977
	T	7	79	44	80	12				25				2	11	1,284
Tracheitis (Class XIV, Inter. 89)	F. A		1		1											4
	H		1		1											4
	T		2		2											8
Trachoma (Class VI, Inter. 75B)	F. A		4	1					1	4						26
	S. and Y.		4						3	1						50
	H			5	2	2								1		178
	T		8	6	2	2			4	5				1		254
Trichophytosis (Class XVIII, Inter. 145A)	F. A		36	4	27					12					1	216
	S. and Y.	1	65		43					23						122
	H	2	7	39	43	3								1	1	742
	T	3	108	43	113	3				35				1	2	1,080
Trichuriasis (Class XVIII, Inter. 107)	H		5		5											14
Tuberculosis, abdominal (Class VIII, Inter. 31)	F. A		1							1						30
	S. and Y.			1					1							1
	H		4	3	1	2		1				1		1	1	177
	T		5	4	1	2		1	1	1		1		1	1	208
Tuberculosis, acute bronchopneumonic (Class VIII, Inter. 29).	F. A		8	5					4	9						37
	S. and Y.		2	1					1	2						10
	H	3	17	37		23		2				21	1	8	2	1,398
	T	3	27	43		23		2	5	11		21	1	8	2	1,445
Tuberculosis, acute general (Class VIII, Inter. 29)	F. A		1							1						0
	H		1	1				1							1	30
	T		2	1				1		1					1	30

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Tuberculosis, acute pneumonic (Class VIII, Inter. 29)	F. A.	1	23	4	1				1	23				3		137
	S. and Y.	1	4	1	1					3		2				35
	H.	4	5	54	2	20		2				20		11	8	1,192
	T.	6	32	59	4	20		2	1	26		22		14	8	1,364
Tuberculosis, acute pulmonary miliary (Class VIII, Inter. 29).	F. A.		2	1						3						49
	H.	2	4	6		3		2				4		3		278
	T.	2	6	7		3		2		3		4		3		327
Tuberculosis, chronic pulmonary (Class VIII, Inter. 28).	F. A.		81	33		1		1	10	82		2		17	1	820
	S. and Y.		32	13	3				1	28		4		2	7	737
	H.	132	124	355	22	38	4	20	72			155	10	115	175	59,579
	T.	132	237	401	25	39	4	21	83	110		161	10	134	183	61,136
Tuberculosis of joint (Class VIII, Inter. 33)	F. A.			1					1							2
	H.	2												1	1	390
	T.	2		1					1					1	1	392
Tuberculosis of pleura (Class VIII, Inter. 28)	F. A.		1							1						0
	H.			1											1	16
	T.		1	1						1					1	16
Tuberculosis of spinal column (Class VIII, Inter. 32)	H.	1	1	4		1						3		1	1	877
Tuberculosis, unqualified (Class VIII, Inter. 34)	F. A.		10	2	1					10					1	217
	S. and Y.			2						1					1	242
	H.	4	3	15	7	6						2	1	2	4	1,169
	T.	4	13	19	8	6				11		2	1	2	6	1,628
Tuberculous meningitis (Class VIII, Inter. 30)	H.		1					1								0
Typhoid fever (Class VIII, Inter. 1)	F. A.	1	9	2	1					9				2		132
	S. and Y.	1	6	4	6					4				1		299
	H.	4	7	22	16	8		4					8	1	1	1,226
	T.	6	22	28	23	8		4		13			8	4	1	1,657

Ulcer of duodenum (Class III, Inter. 106A)	F. A.		6	1	1					[illegible]						[illegible]
	S. and Y.		5	1	1					4				1		72
	H.		1	14	4	6								2	3	580
	T.		12	16	6	6				10				3	3	737
Ulcer of eye and annexa (Class VI, Inter. 75C)	F. A.		21	1	13				1	8						74
	S. and Y.	1	6		4					3						54
	H.		2	10	9									1	2	912
	T.	1	29	11	26				1	11				1	2	1,040
Ulcer of mouth (Class III, Inter. 99B)	F. A.		6	1	1					4				2		34
	S. and Y.		2							2						0
	H.		1	7	4	4										84
	T.		9	8	5	4				6				2		118
Ulcer of nasal passage (Class XIV, Inter. 86)	F. A.		1							1						0
	H.			2	2											22
	T.		1	2	2					1						22
Ulcer of rectum (Class III, Inter. 110B)	F. A.		1							1						0
	H.			1											1	85
	T.		1	1						1					1	85
Ulcer of skin (Class XV, Inter. 145C)	F. A.	1	51	9	42					16				2	1	840
	S. and Y.	2	24		18					7					1	254
	H.	2		25	15	10									2	1,024
	T.	5	75	34	75	10				23				2	4	2,118
Ulcer of stomach (Class III, Inter. 102)	F. A.		12	5	6				1	10						132
	S. and Y.		5	4	3				1	5						442
	H.	6	9	26	11	10		4					3	6	7	1,860
	T.	6	26	35	20	10		4	2	15			3	6	7	2,434
Ulceromembranous angina (Class III, Inter. 100)	F. A.		23	2	20					3				1	1	114
	S. and Y.		30	3	31					2						219
	H.		7	6	6	4								1	2	161
	T.		60	11	57	4				5				2	3	494
Uncinariasis (Class XVIII, Inter. 106)	F. A.		15	1	12					4						45
	S. and Y.		41	1	36					6						154
	H.		31	14	37	8										471
	T.		87	16	85	8				10						670

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Undulant fever (Class VIII, Inter. 3A)	F. A.		1	1	1					1						36
	H.			1	1											38
	T.		1	2	2					1						74
Union of fracture, faulty (Class XII, Inter. 146)	F. A.		18	9	2	1			11	12				1		148
	S. and Y.		9	5	1				7	5					1	165
	H.	3	4	20	8	3							1	11	4	860
	T.	3	31	34	11	4			18	17			1	12	5	1,173
Ureteral colic (Class VII, Inter. 123)	F. A.		4	1	3					2						19
	S. and Y.		4	1	4					1						55
	H.			4	1	1							1		1	109
	T.		8	6	8	1				3			1		1	183
Urethritis, acute (Class VII, Inter. 125)	F. A.		6		6											0
	S. and Y.		6		5					1						37
	H.			1		1										55
	T.		12	1	11	1				1						92
Urethritis, chronic (Class VII, Inter. 125)	F. A.		1		1											0
	S. and Y.		1							1						0
	H.			1	1											14
	T.		2	1	2					1						14
Urticaria (Class XV, Inter. 145C)	F. A.		20	2	19					3						63
	S. and Y.		7		5					2						18
	H.		1	6	6	1										44
	T.		28	8	30	1				5						125
Vaccinia (Class VIII, Inter. 19)	F. A.		80	1	76					2					3	376
	S. and Y.	1	76	1	65					13						311
	H.		1	17	10	7	1									270
	T.	1	157	19	151	7	1			15					3	957

	S. and Y.		16	12	4				17	6				1		338
	H.	1	19	47	11	12		3	5				1	31	4	1,971
	T.	2	133	90	25	12		5	99	36			1	41	6	3,028
Varicocele (Class VII, Inter. 83)	F. A.		117	2	52				1	66						720
	S. and Y.		55	5	8				3	49						207
	H.	4	21	116	120	6								4	11	4,041
	T.	4	193	123	180	6			4	115				4	11	4,968
Varix (Class II, Inter. 83)	F. A.	1	42	5	8				1	38				1		106
	S. and Y.		22	10	8				4	19				1		221
	H.	9	6	64	59	6	2						1	4	7	3,041
	T.	10	70	79	75	6	2		5	57			1	6	7	3,368
Verruca peruana (Class VIII, Inter. 55)	F. A.		1		1											12
Vertigo (Class XVII, Inter. 189A)	F. A.		7	5	6				1	4				1		47
	S. and Y.		5	1	4					2						19
	H.			6	2	3								1		179
	T.		12	12	12	3			1	6				2		245
Vomiting, recurrent (Class III, Inter. 103)	S. and Y.		1		1											8
Wart (Class XV, Inter 145C)	F. A.	2	16	1	16					3						59
	S. and Y.		12	1	8					5						110
	H.	1	3	8	9	1									2	220
	T.	3	31	10	33	1				8					2	389
Yaws (Class VIII, Inter. 19)	F. A.		2		2											23
	S. and Y.		12		12											62
	T.		14		14											85
Zoster (Class XIII, Inter. 145C)	F. A.		11		9					1					1	28
	S. and Y.		5		5											45
	T.		16		14					1					1	73
INJURY.																
Abrasion, unqualified "G" (Class XX, Inter. 186)	F. A.		4		4											21
	S. and Y.		1		1											1
	T.		5		5											22
Abrasion, unqualified "H" (Class XX, Inter. 186)	F. A.		2		2											9

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Abrasion, unqualified "J" (Class XX, Inter. 186)	F. A		3		2					1						8
	S. and Y		4		4											28
	H			1	1											71
	T		7	1	7					1						107
Abrasion, unqualified "L" (Class XX, Inter. 186)	F. A	1	22		21					1					1	126
	S. and Y	1	21	1	22					1						151
	H		2	2	3	1										170
	T	2	45	3	46	1				2					1	447
Abrasions, multiple "G" (Class XX, Inter. 186)	S. and Y		4		4											17
Abrasions, multiple "I" (Class XX, Inter. 186)	F. A		1		1											11
Abrasions, multiple "J" (Class XX, Inter. 186)	H		1		1											9
Abrasions, multiple "L" (Class XX, Inter. 186)	F. A		4		4											56
	S. and Y		7		7											50
	T		11		11											106
Avulsion of limb "H" (Class XX, Inter. 186)	S. and Y		1	1	1					1						19
	H			1										1		15
	T		1	2	1					1				1		34
Avulsion, unqualified "H" (Class XX, Inter. 186)	F. A		4	1	3				1	1						42
	H	1		2	1									2		54
	T	1	4	3	4				1	1				2		96
Avulsion, unqualified "I" (Class XX, Inter. 186)	F. A		3		3											24
Avulsion, unqualified "J" (Class XX, Inter. 186)	F. A		1							1						2
	H			1	1											63
	T		1	1	1					1						65
Avulsion, unqualified "L" (Class XX, Inter. 186)	F. A		1							1						0

	H			2	2											201
	T		8	3	7					4						272
Burn "D" (Class XX, Inter. 167)	F. A		1							1						1
Burn "F" (Class XX, Inter. 167)	F. A	2	30	1	28					4				1		213
	S. and Y		5		5											25
	H			2	2											33
	T	2	35	3	35					4				1		271
Burn "G" (Class XX, Inter. 167)	F. A		1		1											2
Burn "L" (Class XX, Inter. 167)	F. A		89		81	1				5				1	1	853
	S. and Y	1	16		15					2						153
	H	1	1	11	10	1								2		330
	T	2	106	11	106	2				7				3	1	1,836
Burns, multiple "A" (Class XX, Inter. 167)	F. A		1		1											11
Burns, multiple "C" (Class XX, Inter. 167)	F. A		2		2											51
	S. and Y		1		1											42
	T		3		3											93
Burns, multiple "F" (Class XX, Inter. 167)	F. A		34		18			8		8						292
	S. and Y		2							2						12
	H			11	5			4							2	363
	T		36	11	23			12		10					2	667
Burns, multiple "G" (Class XX, Inter. 167)	F. A		2		2											29
Burns, multiple "L" (Class XX, Inter. 167)	F. A		34	1	30				1	4						271
	S. and Y		10		10											87
	H		1	3	2									1	1	96
	T		45	4	42				1	4				1	1	454
Compression of chest "I" (Class XX, Inter. 186)	F. A		2		1			1								1
Contusion "E" (Class XX, Inter. 186)	F. A		4		4											22
Contusion "F" (Class XX, Inter. 186)	F. A		1		1											3
	S. and Y		1		1											4
	T		2		2											7

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1918*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Contusion "G" (Class XX, Inter. 186)	F. A.	2	145	10	130				1	20				4	2	1,087
	S. and Y.		40	1	32					9						315
	H.	3	5	27	24	7								2	2	1,370
	T.	5	190	38	186	7			1	29				6	4	2,772
Contusion "H" (Class XX, Inter. 186)	F. A.		23	1	21					3						100
	S. and Y.		8		7					1						42
	H.	1		3	3	1										117
	T.	1	31	4	31	1				4						259
Contusion "I" (Class XX, Inter. 186)	F. A.	6	89	2	91	1				5						848
	S. and Y.		13		11	1			1							99
	H.		1	7	7	1										168
	T.	6	103	9	109	3			1	5						1,110
Contusion "J" (Class XX, Inter. 186)	F. A.		37	1	34					4						207
	S. and Y.		43		36					7						153
	H.	2	4	13	14	3								1	1	355
	T.	2	84	14	84	3				11				1	1	715
Contusion "L" (Class XX, Inter. 186)	F. A.	1	229	3	218	1			1	9				2	2	1,608
	S. and Y.	1	57	4	54					6					2	436
	H.	3		18	12	7								1	1	650
	T.	5	286	25	284	8			1	15				3	5	2,094
Contusions, multiple "G" (Class XX, Inter. 186)	F. A.		10	1	5	1				4					1	60
	S. and Y.		5		2					2					1	49
	H.		2	8	6	1								1	2	197
	T.		17	9	13	2				6				1	4	306
Contusions, multiple "H" (Class XX, Inter. 186)	F. A.		3		3											46
	S. and Y.		1							1						0
	H.			1	1											14
	T.		4	1	4					1						60

	S. and Y.		1							1						0
	H.			2	1	1										98
	T.		2	2	2	1				1						105
Contusions, multiple "J" (Class XX, Inter. 186)	S. and Y.		2		2											5
	H.		1		1											2
	T.		3		3											7
Contusions, multiple "L" (Class XX, Inter. 186)	F. A.		21	1	16	1				5						133
	S. and Y.		9		7					2						71
	H.	1		7	6	2										323
	T.	1	30	8	29	3				7						527
Crush of lower limb "H" (Class XX, Inter. 186)	F. A.		1	1					1	1						27
	H.			1										1		163
	T.		1	2					1	1				1		190
Crush of lower limb "I" (Class XX, Inter. 186)	F. A.		6	1	5			1	1							164
	S. and Y.		1							1						0
	H.			1										1		130
	T.		7	2	5			1	1	1				1		294
Crush of upper limb "I" (Class XX, Inter. 186)	F. A.		6		5	1										67
Dislocation about ankle "G" (Class XX, Inter. 185A)	F. A.		1		1											37
Dislocation about ankle "J" (Class XX, Inter. 185A)	F. A.		1	1					1	1						0
	H.	1		1	1									1		132
	T.	1	1	2	1				1	1				1		132
Dislocation about wrist "G" (Class XX, Inter. 185A)	F. A.		3		3											49
Dislocation about wrist "L" (class XX, Inter. 185A)	F. A.		4		4											20
Dislocation of clavicle "G" (Class XX, Inter. 185A)	F. A.		1							1						0
	S. and Y.			1	1											19
	H.		1	2	3											70
	T.		2	3	4					1						89
Dislocation of clavicle "J" (Class XX, Inter. 185A)	S. and Y.		3							3						0
	H.	1		2	2										1	110
	T.	1	3	2	2					3					1	110

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Dislocation of clavicle "L" (Class XX, Inter. 185A)	F. A.		1											1		0
	S. and Y.		1							1						0
	H.	1		3	3	1										104
	T.	1	2	3	3	1				1				1		104
Dislocation of elbow "F" (Class XX, Inter. 185A)	S. and Y.		1							1						0
Dislocation of elbow "G" (Class XX, Inter. 185A)	F. A.	1	7		4					3					1	64
	H.			4	2	2										138
	T.	1	7	4	6	2				3					1	202
Dislocation of elbow "H" (Class XX, Inter. 185A)	F. A.		1							1						0
Dislocation of elbow "J" (Class XX, Inter. 185A)	F. A.		2		1										1	52
	H.			1	1											34
	T.		2	1	2										1	86
Dislocation of hip "G" (Class XX, Inter. 185A)	S. and Y.		1						1							17
	H.			2		1									1	205
	T.		1	2		1			1						1	222
Dislocation of intra-articular cartilage of joint "G" (Class XX, Inter. 185A).	F. A.		3	2	2	1				2						96
	S. and Y.		2		1					1						12
	H.	4		5	4	1	1							2	1	257
	T.	4	5	7	7	2	1			3				2	1	365
Dislocation of intra-articular cartilage of joint "J" (Class XX, Inter. 185A).	F. A.		2		1					1						8
	S. and Y.		1							1						0
	H.		1	1	1	1										116
	T.		4	1	2	1				2						124
Dislocation of intra-articular cartilage of joint "L" (Class XX, Inter. 185A)	F. A.		2	2	1				1	2						26
	S. and Y.	1			1											158
	H.	3		2	4	1										275
	T.	4	2	4	6	1			1	2						459

Dislocation of knee "G" (Class XX, Inter. 185A)	F. A.			1					1							0
Dislocation of lens "H" (Class XX, Inter. 185A)	F. A.			1					1							1
Dislocation of lens "L" (Class XX, Inter. 185A)	H.		1											1		8
Dislocation of shoulder "G" (Class XX, Inter. 185A)	F. A.		5	1	5					1						35
	S. and Y.		4		4											39
	H.	1		1	2											55
	T.	1	9	2	11					1						129
Dislocation of shoulder "J" (Class XX, Inter. 185A)	F. A.		3		2					1						24
	H.		2	4	5									1		188
	T.		5	4	7					1				1		212
Dislocation of shoulder "L" (Class XX, Inter. 185A)	F. A.		11	3	10					3				1		78
	S. and Y.		4	1	4					1						52
	H.			4	2	2										52
	T.		15	8	16	2				4				1		182
Dislocation, unqualified "G" (Class XX, Inter. 185A)	F. A.		6	1	6				1							67
	S. and Y.			1						1						4
	H.		1	1	1									1		203
	T.		7	3	7				1	1				1		274
Dislocation, unqualified "H" (Class XX, Inter. 185A)	S. and Y.		1							1						0
	H.			1	1											13
	T.		1	1	1					1						13
Dislocation, unqualified "J" (Class XX, Inter. 185A)	F. A.		7	1	6					2						28
	S. and Y.		9		8					1						59
	H.		1	4	4	1										157
	T.		17	5	18	1				3						244
Dislocation, unqualified "L' (la XX, Inter. 185A)	F. A.		7		4					2					1	101
	S. and Y.		9		4					4				1		36
	H.	1		7	4	3								1		448
	T.	1	16	7	12	3				6				2	1	585
Drowning "D" (Class XX, Inter. 169B)	F. A.		19					19								1
	S. and Y.		13					13								0
	T.		32					32								1

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Electric shock, injury from "H" (Class XX, Inter. 181)	H.		1					1								0
Electric shock, injury from "L" (Class XX, Inter. 181)	F. A.		1		1											5
Epiphyseal separation "G" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			2	1									1		75
	T.		1	2	1					1				1		75
Exhaustion from overexertion and exposure "D" (Class XX, Inter. 177A).	F. A.		1		1											4
Exhaustion from overexertion and exposure "L" (Class XX, Inter. 177A).	F. A.		2		2											4
	S. and Y.		1		1											7
	H.		1		1											3
	T.		4		4											14
Foreign body, traumatic "B" (Class XX, Inter. 186).	S. and Y.		1		1											3
Foreign body, traumatic "E" (Class XX, Inter. 186).	F. A.			2					1	1						1
	H.			1										1		93
	T.			3					1	1				1		94
Foreign body, traumatic "G" (Class XX, Inter. 186).	F. A.		2		2											4
Foreign body, traumatic "H" (Class XX, Inter. 186).	F. A.		9		9											21
Foreign body, traumatic "L" (Class XX, Inter. 186).	F. A.		32		27					5						138
	S. and Y.		9		7				1	1						69
	H.	2		6	8											249
	T.	2	41	6	42				1	6						456
Fracture about ankle joint, compound "I" (Class XX, Inter. 185C).	F. A.		1	1										1	1	96
	S. and Y.		1												1	91
	T.		2	1										1	2	187

Fracture about ankle joint, simple "G" (Class XX, Inter. 185C).	F. A.		12	2	3					9				1	1	342
	S. and Y.		5	5	3				2	4					1	177
	H.		2	16	8	3							1	4	2	1,102
	T.		19	23	14	3			2	13			1	5	4	1,521
Fracture about ankle joint, simple "I" (Class XX, Inter. 185C).	F. A.		3		2					1						97
	H.	1		2	1	1								1		206
	T.	1	3	2	3	1				1				1		303
Fracture about ankle joint, simple "J" (Class XX, Inter. 185C).	F. A.		4	1	2				1	2						75
	S. and Y.		1	1	1										1	45
	H.	2	2	1	4									1		127
	T.	2	7	3	7				1	2				1	1	247
Fracture about ankle joint, simple "L" (Class XX, Inter. 185C).	F. A.		3		2					1						43
	S. and Y.		2	1						3						1
	H.	1	1	2	2									1	1	207
	T.	1	6	3	4					4				1	1	251
Fracture about wrist joint, simple "G" (Class XX, Inter. 185C).	F. A.	1	9	1	7					3					1	150
	S. and Y.		3	2	2					3						19
	H.	3		6	7	1									1	359
	T.	4	12	9	16	1				6					2	528
Fracture about wrist joint, simple "H" (Class XX, Inter. 185C).	F. A.		1												1	2
	S. and Y.		1		1											29
	H.	1			1											139
	T.	1	2		2										1	170
Fracture about wrist joint, simple "I" (Class XX, Inter. 185C).	F. A.		1		1											0
	S. and Y.		1		1											33
	H.	1				1										232
	T.	1	2		2	1										265
Fracture about wrist joint, simple "J" (Class XX, Inter. 185C).	F. A.		6		2					4						32
	S. and Y.		4		3					1						70
	H.			4	3	1										220
	T.		10	4	8	1				5						322
Fracture about wrist joint, simple "L" (Class XX, Inter. 185C).	F. A.		7	1	7				1							106
	S. and Y.		1							1						1
	H.			2		1									1	126
	T.		8	3	7	1			1	1					1	233

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Electric shock, injury from "H" (Class XX, Inter. 181)	H.		1					1								0
Electric shock, injury from "L" (Class XX, Inter. 181)	F. A.		1		1											5
Epiphyseal separation "G" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			2	1									1		75
	T.		1	2	1					1				1		75
Exhaustion from overexertion and exposure "D" (Class XX, Inter. 177A).	F. A.		1		1											4
Exhaustion from overexertion and exposure "L" (Class XX, Inter. 177A).	F. A.		2		2											4
	S. and Y.		1		1											7
	H.		1		1											3
	T.		4		4											14
Foreign body, traumatic "B" (Class XX, Inter. 186).	S. and Y.		1		1											3
Foreign body, traumatic "E" (Class XX, Inter. 186).	F. A.			2					1	1						1
	H.			1										1		93
	T.			3					1	1				1		94
Foreign body, traumatic "G" (Class XX, Inter. 186).	F. A.		2		2											4
Foreign body, traumatic "H" (Class XX, Inter. 186).	F. A.		9		9											21
Foreign body, traumatic "L" (Class XX, Inter. 186).	F. A.		32		27					5						138
	S. and Y.		9		7				1	1						69
	H.	2		6	8											249
	T.	2	41	6	42				1	6						456
Fracture about ankle joint, compound "I" (Class XX, Inter. 185C).	F. A.		1	1										1	1	96
	S. and Y.		1												1	91
	T.		2	1										1	2	187

	S. and Y.		5	5	3									1	1	342
	H		2	16	8	3			2	4					1	177
													1	4	2	1,102
	T		19	23	14	3			2	13			1	5	4	1,521
Fracture about ankle joint, simple "I" (Class XX, Inter. 185C).	F. A.		3		2					1						97
	H	1		2	1	1								1		206
	T	1	3	2	3	1				1				1		303
Fracture about ankle joint, simple "J" (Class XX, Inter. 185C).	F. A.		4	1	2				1	2						75
	S. and Y.		1	1	1										1	45
	H	2	2	1	4									1		127
	T	2	7	3	7				1	2				1	1	247
Fracture about ankle joint, simple "L" (Class XX, Inter. 185C).	F. A.		3		2					1						43
	S. and Y.		2	1						3						1
	H	1	1	2	2									1	1	207
	T	1	6	3	4					4				1	1	251
Fracture about wrist joint, simple "G" (Class XX, Inter. 185C).	F. A.	1	9	1	7					3					1	150
	S. and Y.		3	2	2					3						19
	H	3		6	7	1									1	359
	T	4	12	9	16	1				6					2	528
Fracture about wrist joint, simple "H" (Class XX, Inter. 185C).	F. A.		1												1	2
	S. and Y.		1		1											29
	H	1			1											139
	T	1	2		2										1	170
Fracture about wrist joint, simple "I" (Class XX, Inter. 185C).	F. A.		1		1											0
	S. and Y.		1		1											33
	H	1				1										232
	T	1	2		2	1										265
Fracture about wrist joint, simple "J" (Class XX, Inter. 185C).	F. A.		6		2					4						32
	S. and Y.		4		3					1						70
	H			4	3	1										220
	T		10	4	8	1				5						322
Fracture about wrist joint, simple "L" (Class XX, Inter. 185C).	F. A.		7	1	7				1							106
	S. and Y.		1							1						1
	H			2		1									1	126
	T		8	3	7	1			1	1					1	233

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Fracture of clavicle, simple "E" (Class XX, Inter. 185C).	F. A.		1		1											12
Fracture of clavicle, simple "G" (Class XX, Inter. 185C).	F. A.		7	1						8						4
	S. and Y.		4							4						2
	H.	1	1	11	8	2									3	407
	T.	1	12	12	8	2				12					3	413
Fracture of clavicle, simple "J" (Class XX, Inter. 185C).	F. A.	1	2		1					2						12
	S. and Y.		3							3						2
	H.	1	1	5	5	1									1	302
	T.	2	6	5	6	1				5					1	316
Fracture of clavicle, simple "L" (Class XX, Inter. 185C).	F. A.		5		3					2						101
	S. and Y.	1			1											21
	H.		1	3	2	2										182
	T.	1	6	3	6	2				2						304
Fracture of femur, compound "G" (Class XX, Inter. 185C).	H.		1					1								61
Fracture of femur, compound "H" (Class XX, Inter. 185C).	S. and Y.			1					1							0
	H.			1	1											40
	T.			2	1				1							40
Fracture of femur, compound "I" (Class XX, Inter. 185C).	H.			1				1								0
Fracture of femur, compound "L" (Class XX, Inter. 185C).	S. and Y.		1							1						132
Fracture of femur, simple "G" (Class XX, Inter. 185C).	F. A.		3							3						3
	S. and Y.		1	1	1					1						50
	H.	1	1	4	2	3									1	366
	T.	1	5	5	3	3				4					1	419

Fracture of femur, simple "I" (Class XX, Inter. 185C).	F. A.			1					1							1
	H.		1											1		175
	T.		1	1					1					1		176
Fracture of femur, simple "L" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			1											1	150
	T.		1	1						1					1	150
Fracture of forearm, compound "F" (Class XX, Inter. 185C).	S. and Y.	1			1											30
Fracture of forearm, compound "G" (Class XX, Inter. 185C).	H.	1			1											76
Fracture of forearm, compound "I" (Class XX, Inter. 185C).	S. and Y.			1	1											91
Fracture of forearm, simple "G" (Class XX, Inter. 185C).	F. A.		17		8					6			1	2		229
	S. and Y.		4	4	3					5						126
	H.	1	1	13	9	1							1		4	470
	T.	1	22	17	20	1				11			2	2	4	825
Fracture of forearm, simple "H" (Class XX, Inter. 185C).	F. A.		4		1					1				1	1	68
	S. and Y.		1	1	2											46
	H.			1	1											40
	T.		5	2	4					1				1	1	154
Fracture of forearm, simple "I" (Class XX, Inter. 185C).	F. A.		3		2					1						58
	S. and Y.		1							1						0
	H.	1		2	2	1										133
	T.	1	4	2	4	1				2						191
Fracture of forearm, simple "J" (Class XX, Inter. 185C).	F. A.		1							1						0
	S. and Y.	1	3		1					3						121
	H.		1	3	2										2	193
	T.	1	5	3	3					4					2	314
Fracture of forearm, simple "L" (Class XX, Inter. 185C).	F. A.		4		2					2						61
	H.			3	3											183
	T.		4	3	5					2						244
Fracture of humerus, compound "G" (Class XX, Inter. 185C).	S. and Y.	1			1											41

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Fracture of humerus, compound "L" (Class XX, Inter. 185C).	F. A.		1												1	0
Fracture of humerus, simple "G" (Class XX, Inter. 185C).	F. A.		2	1					1	2						5
	H.			6	1	1								2	2	315
	T.		2	7	1	1			1	2				2	2	320
Fracture of humerus, simple "I" (Class XX, Inter. 185C).	F. A.		2		1					1						45
Fracture of humerus, simple "J" (Class XX, Inter. 185C).	F. A.		3							2				1		1
	S. and Y.			1	1											68
	H.			3	1										2	271
	T.		3	4	2					2				1	2	340
Fracture of humerus, simple "L" (Class XX, Inter. 185C).	F. A.		1							1						0
	S. and Y.		3	1					1	3						2
	H.			3	2									1		129
	T.		4	4	2				1	4				1		131
Fracture of leg, compound "G" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			1											1	271
	T.		1	1						1					1	271
Fracture of leg, compound "H" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			1											1	71
	T.		1	1						1					1	71
Fracture of leg, compound "I" (Class XX, Inter. 185C).	F. A.			1					1							2
	S. and Y.		1											1		12
	T.		1	1					1					1		14

185C).	S. and Y.			1						1						4
	H.	1		3	2									2		317
	T.	1	1	4	2					2				2		354
Fracture of leg, simple "G" (Class XX, Inter. 185C).	F. A.		14	3	2					12				2	1	467
	S. and Y.	1	3	3	1					3				3		129
	H.	3	1	19	11	4								3	5	1,573
	T.	4	18	25	14	4				15				8	6	2,169
Fracture of leg, simple "H" (Class XX, Inter. 185C).	S. and Y.			1						1						0
Fracture of leg, simple "I" (Class XX, Inter. 185C).	F. A.		2	1					1	2						28
	H.	2		4	4	1								1		551
	T.	2	2	5	4	1			1	2				1		579
Fracture of leg, simple "J" (Class XX, Inter. 185C).	F. A.		3							3						0
	S. and Y.		3		1					2						49
	H.	1	1	7	7	1									1	434
	T.	1	7	7	8	1				5					1	483
Fracture of leg, simple "L" (Class XX, Inter. 185C).	F. A.		5	1						3				2	1	71
	S. and Y.		1		1											10
	H.	3		2	3										2	472
	T.	3	6	3	4					3				2	3	553
Fracture of maxilla inferior, compound "G" (Class XX, Inter. 185C).	F. A.		2							2						10
	H.			1	1											31
	T.		2	1	1					2						41
Fracture of maxilla inferior, compound "J" (Class XX, Inter. 185C).	F. A.		1							1						21
	H.			1	1											49
	T.		1	1	1					1						70
Fracture of maxilla inferior, compound "L" (Class XX, Inter. 185C).	F. A.		5		2					3						62
	S. and Y.		1		1											27
	H.			5	4									1		207
	T.		6	5	7					3				1		296
Fracture of maxilla inferior, simple "G" (Class XX, Inter. 185C).	F. A.		3		3											48
	S. and Y.		2							2						6
	H.			2	1										1	91
	T.		5	2	4					2					1	145

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Fracture of maxilla inferior, simple "H" (Class XX, Inter. 185C).	F. A.		1							1						7
	H.			1	1											19
	T.		1	1	1					1						26
Fracture of maxilla inferior, simple "J" (Class XX, Inter. 185C).	S. and Y.		1		1											26
Fracture of maxilla inferior, simple "L" (Class XX, Inter. 185C).	F. A.		19		7					12						239
	S. and Y.	1	3		2					2						19
	H.	5		18	15	3								2	3	724
	T.	6	22	18	24	3				14				2	3	982
Fracture of patella, simple "G" (Class XX, Inter. 185C).	F. A.		1												1	26
Fracture of patella, simple "J" (Class XX, Inter. 185C).	F. A.		1							1						0
	S. and Y.			1	1											13
	H.			1	1											91
	T.		1	2	2					1						104
Fracture of rib, simple "G" (Class XX, Inter. 185C).	F. A.		14		12					2						179
	S. and Y.	1	3	1	3					2						54
	H.	1		4	5											179
	T.	2	17	5	20					4						412
Fracture of rib, simple "H" (Class XX, Inter. 185C).	F. A.		1		1											3
Fracture of rib, simple "I" (Class XX, Inter. 185C).	S. and Y.		1		1											39
Fracture of rib, simple "J" (Class XX, Inter. 185C).	F. A.		3		1					2						7
	H.			2	1										1	88
	T.		3	2	2					2					1	95

	S. and Y.		3		1					2						13
	H.			1	1											46
	T.		4	1	3					2						64
Fracture of skull, compound "G" (Class XX, Inter. 185C).	F. A.		3					2		1						0
	S. and Y.		1							1						0
	H.			2	2											54
	T.		4	2	2			2		2						54
Fracture of skull, compound "H" (Class XX, Inter. 185C).	H.			1										1		86
Fracture of skull, compound "I" (Class XX, Inter. 185C).	F. A.		2					1		1						7
	H.		1					1								0
	T.		3					2		1						7
Fracture of skull, compound "J" (Class XX, Inter. 185C).	F. A.			1						1						0
	H.			1	1											8
	T.			2	1					1						8
Fracture of skull, compound "L" (Class XX, Inter. 185C).	F. A.		1					1								0
	S. and Y.		2	1					1	2						2
	H.			3	2									1		27
	T.		3	4	2			1	1	2				1		29
Fracture of skull, simple "B" (Class XX, Inter. 185C).	F. A.		1							1						0
Fracture of skull, simple "G" (Class XX, Inter. 185C).	F. A.		5	3	1			1	2	4						22
	S. and Y.		1							1						2
	H.	2	2	8	4	2		1						3	2	492
	T.	2	8	11	5	2		2	2	5				3	2	516
Fracture of skull, simple "H" (Class XX, Inter. 185C).	F. A.		1		1											8
Fracture of skull, simple "I" (Class XX, Inter. 185C).	F. A.		1					1								0
Fracture of skull, simple "L" (Class XX, Inter. 185C).	F. A.		1		1											19
	S. and Y.		3					2	1							8
	H.			1	1											70
	T.		4	1	2			2	1							97

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Fracture of vertebra, simple "E" (Class XX, Inter. 185C).	F. A.		1							1						0
Fracture of vertebra, simple "G" (Class XX, Inter. 185C).	F. A.		2					2								0
	S. and Y.		1		1											33
	H.		1	1	1			1								59
	T.		4	1	2			3								92
Fracture of vertebra, simple "H" (Class XX, Inter. 185C).	F. A.		1							1						3
	H.			1	1											48
	T.		1	1	1					1						51
Fracture of vertebra, simple "I" (Class XX, Inter. 185C).	F. A.		1							1						0
	H.			1		1										80
	T.		1	1		1				1						80
Fracture of vertebra, simple "J" (Class XX, Inter. 185C).	S. and Y.		1					1								1
Fracture of vertebra, simple "L" (Class XX, Inter. 185C).	F. A.		1	1						2						5
	S. and Y.			1					1							3
	H.			3		1								2		127
	T.		1	5		1			1	2				2		135
Fracture, unqualified, compound "E" (Class XX, Inter. 185C).	F. A.		1		1											9
Fracture, unqualified, compound "G" (Class XX, Inter. 185C).	S. and Y.		1		1											1
	H.			1										1		73
	T.		1	1	1									1		74
Fracture, unqualified, compound "H" (Class XX, Inter. 185C).	F. A.		11	1	7				1	3				1		185
	S. and Y.			2	1									1		95
	H.	1		3	1	1	1							1		216
	T.	1	11	6	9	1	1		1	3				3		496

Fracture, unqualified, compound "I" (Class XX, Inter. 185C).	F. A.	2	16		12					5					1	284
	S. and Y.		1							1						0
	H.	1		4	1	1								1	2	257
	T.	3	17	4	13	1				6				1	3	541
Fracture, unqualified, compound "J" (Class XX, Inter. 185C).	F. A.		6		5									1		44
	S. and Y.		3	1	3					1						7
	H.		1	1	2											59
	T.		10	2	10					1				1		110
Fracture, unqualified, compound "L" (Class XX, Inter. 185C).	F. A.		13		10					3						132
	S. and Y.	1	3		3					1						24
	H.		1	6	5										2	571
	T.	1	17	6	18					4					2	727
Fracture, unqualified, simple "E" (Class XX, Inter. 185C.)	F. A.		8		2										1	50
Fracture, unqualified, simple "G" (Class XX, Inter. 185C).	F. A.	2	33	2	26				1	10						528
	S. and Y.		4		3					1						34
	H.	1	1	8	8										2	400
	T.	3	38	10	37				1	11					2	962
Fracture, unqualified, simple "H" (Class XX, Inter. 185C).	F. A.	1	11	2	9					3				1	1	217
	S. and Y.		1							1						0
	H.		1	5	4	1									1	152
	T.	1	13	7	13	1				4				1	2	369
Fracture, unqualified, simple "I" (Class XX, Inter. 185C).	F. A.	1	33	1	28					5					2	560
	S. and Y.		5	1	4					1					1	80
	H.	3		4	6	1										355
	T.	4	38	6	38	1				6					3	995
Fracture, unqualified, simple "J" (Class XX, Inter. 185C).	F. A.		37	1	31					3				1	3	309
	S. and Y.	1	20	2	11					12						89
	H.		2	16	15	2									1	449
	T.	1	59	19	57	2				15				1	4	847
Fracture, unqualified, simple "L" (Class XX, Inter. 185C).	F. A.	4	143	3	128					15				3	4	1,875
	S. and Y.	2	31	2	15	1				15				1	3	343
	H.	2	7	29	32		1							1	4	1,328
	T.	8	181	34	175	1	1			30				5	11	3,546

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Frostbite "L" (Class XX, Inter. 178)	S. and Y.		4		3					1						27
	H.			1										1		187
	T.		4	1	3					1				1		214
Heat cramps "L" (Class XX, Inter. 179A)	F. A.		61		61											111
Heat exhaustion "L" (Class XX, Inter. 179A)	F. A.		30	1	27				2	2						106
	S and Y.		3		3											10
	H.			2	1									1		127
	T.		33	3	31				2	2				1		243
Hematocele of tunica vaginalis "G" (Class XX, Inter. 127).	F. A.		1							1						7
	H.			1	1											125
	T.		1	1	1					1						132
Hematoma, traumatic "E" (Class XX, Inter. 186)	F. A.		1		1											1
Hematoma, traumatic "L" (Class XX, Inter. 186).	S. and Y.		1		1											13
Hemorrhage into eyeball "J" (Class XX, Inter. 186)	H.		1		1											8
Hemorrhage into eyeball "L" (Class XX, Inter. 186).	F. A.		2		2											11
	S. and Y.		1							1						0
	H.			1	1											11
	T.		3	1	3					1						22
Hemorrhage under conjunctiva, traumatic "L" (Class XX, Inter. 186).	F. A.		3		3											17
Intracranial injury "G" (Class XX, Inter. 186)	F. A.		11	2	5				1	5				1	1	61
	S. and Y.		5	2	1	1		2		3						19
	H.	1	1	12	7	3	1							1	2	342
	T.	1	17	16	13	4	1	2	1	8				2	3	422

Intracranial injury "I" (Class XX, Inter. 186)	F. A.		1							1						0
	H.			2	1	1										48
	T.		1	2	1	1				1						48
Intracranial injury "J" (Class XX, Inter. 186)	F. A.		2		2											35
	S. and Y.		3		1					2						13
	H.			2	2											3
	T.		5	2	5					2						51
Intracranial injury "L" (Class XX, Inter. 186)	F. A.		5	2	4				1	2						16
	S. and Y.		2		1					1						11
	H.	1		3	2									1	1	115
	T.	1	7	5	7				1	3				1	1	142
Intraspinal injury "G" (Class XX, Inter. 186)	F. A.		1											1		16
	S. and Y.			1		1										1
	T.		1	1		1								1		17
Multiple injuries, extreme "G" (Class XX, Inter. 186)	F. A.		1							1						0
	H.			1				1								1
	T.		1	1				1		1						1
Multiple injuries, extreme "I" (Class XX, Inter. 186)	S. and Y		1					1								0
Multiple injuries, extreme "L" (Class XX, Inter. 186)	F. A.		1					1								0
	S. and Y.		3					3								0
	T.		4					4								0
Rupture of globe "H" (Class XX, Inter. 186)	F. A.			1					1							0
	H.		1											1		63
	T.		1	1					1					1		63
Rupture of ligament "G" (Class XX, Inter. 186)	H.		1												1	10
Rupture of ligament "J" (Class XX, Inter. 186)	F. A.		1		1											9
Rupture of ligament "L" (Class XX, Inter. 186)	F. A.		1		1											16
	H.	1				1										21
	T.	1	1		1	1										37

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Rupture of muscle "H" (Class XX, Inter. 186)	F. A.			1					1							1
	S. and Y.		1		1											0
	H.	1												1		62
	T.	1	1	1	1				1					1		63
Rupture of muscle "J" (Class XX, Inter. 186)	S. and Y.		1		1											5
Rupture of muscle "L" (Class XX, Inter. 186)	F. A.		1		1											10
Rupture of tympanum, traumatic "E" (Class XX, Inter. 186).	F. A.		5	2	4				2	1						16
	H.			2										2		121
	T.		5	4	4				2	1				2		137
Rupture of tympanum, traumatic "F" (Class XX, Inter. 186).	F. A.		2		2											5
	H.	1												1		31
	T.	1	2		2									1		36
Rupture of tympanum, traumatic "J" (Class XX, Inter. 186).	F. A.		4		4											0
	S. and Y.		2		2											27
	T.		6		6											27
Rupture of tympanum, traumatic "L" (Class XX, Inter. 186).	F. A.		1		1											0
Sprain of joint "G" (Class XX, Inter. 185B)	F. A.	6	207	6	185	3			2	28					1	1,569
	S. and Y.	1	75	3	58					20					1	541
	H.	5	13	50	52	6								4	6	2,108
	T.	12	295	59	295	9			2	48				4	8	4,218
Sprain of joint "H" (Class XX, Inter. 185B)	F. A.		6		6											74
Sprain of joint "I" (Class XX, Inter. 185B)	F. A.		9		8					1						75
	S. and Y.		4	1	4					1						63
	H.			1											1	28
	T.		13	2	12					2					1	166

Sprain of joint "J" (Class XX, Inter. 185B)	F. A		84	8	78	2				10				1	1	584
	S. and Y	1	134	7	116				1	23					2	682
	H	5	13	35	39	7	1							4	2	958
	T	6	231	50	233	9	1		1	33				5	5	2,224
Sprain of joint "L" (Class XX, Inter. 185B)	F. A	5	87	4	90	1				4					1	660
	S. and Y		55	4	45					10					4	362
	H	2	2	20	17	5									2	757
	T	7	144	28	152	6				14					7	1,779
Starvation "L" (Class XX, Inter. 177B)	H	1				1										8
Strain of muscle "G" (Class XX, Inter. 186)	F. A		12		11					1						50
	S. and Y		9	1	8				1	1						168
	H			2	1	1										44
	T		21	3	20	1			1	2						262
Strain of muscle "H" (Class XX, Inter. 186)	F. A		3		3											11
Strain of muscle "J" (Class XX, Inter. 186)	F. A		7		6					1						22
	S. and Y		16	1	17											69
	H		1	1	2											6
	T		24	2	25					1						97
Strain of muscle "L" (Class XX, Inter. 186)	F. A		24	1	21					4						125
	S. and Y		11	1	10				1	1						77
	H	1		7	5	3										183
	T	1	35	9	36	3			1	5						385
Strangulation "B" (Class XX, Inter. 186)	F. A		1					1								0
Strangulation "L" (Class XX, Inter. 186)	F. A		1					1								0
Submersion "D" (Class XX, Inter. 169A)	S. and Y		2		2											5
Sunburn "J" (Class XX, Inter. 167)	S. and Y		2		2											18
Sunburn "L" (Class XX, Inter. 167)	F. A		29		28									1		118
	S. and Y		2	2	3	1										11
	T		31	2	31	1								1		129
Sunstroke "L" (Class XX, Inter. 179B)	F. A		1		1											2
Synovitis, traumatic "E" (Class XX, Inter. 186)	F. A		1	1					1	1						9

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Synovitis, traumatic "G" (Class XX, Inter. 186)	F. A.	1	26	5	23					6				1	2	298
	S. and Y.		11	2	9					4						98
	H.	2	1	13	8	2							1	2	3	710
	T.	3	38	20	40	2				10			1	3	5	1,106
Synovitis, traumatic "H" (Class XX, Inter. 186)	F. A.		1	1	2											21
Synovitis, traumatic "I" (Class XX, Inter. 186)	F. A.		1	1					1	1						2
	H.			1										1		125
	T.		1	2					1	1				1		127
Synovitis, traumatic "J" (Class XX, Inter. 186)	F. A.		13	3	12					4						77
	S. and Y.		12	1	9					3					1	70
	H.	1		8	6		1							2		192
	T.	1	25	12	27		1			7				2	1	339
Synovitis, traumatic "L" (Class XX, Inter. 186)	F. A.		18		16					2						114
	S. and Y.	2	7	2	7					4						153
	H.	2		7	5	1							1	1	1	542
	T.	4	25	9	28	1				6			1	1	1	809
Thermic fever "L" (Class XX, Inter. 179A)	F. A.		5		5											24
	S. and Y.		1							1						0
	H.			1		1										9
	T.		6	1	5	1				1						33
Wound, gunshot, abdominal viscera "K" (Class XX, Inter. 170).	S. and Y.	1								1						121
Wound, gunshot (main) artery or vein "B" (Class XX, Inter. 170).	F. A.		1					1								0

Wound, gunshot, brain "A" (Class XX, Inter. 170)	F. A.		6					5		1						0
	S. and Y.		1					1								0
	H.			1				1								1
	T.		7	1				7		1						1
Wound, gunshot, brain "B" (Class XX, Inter. 170)	F. A.		1					1								0
Wound, gunshot, brain "E" (Class XX, Inter. 170)	H.		1	1				1							1	23
Wound, gunshot, heart or pericardium "A" (Class XX, Inter. 170).	F. A.		1					1								0
	S. and Y.		3					3								0
	T.		4					4								0
Wound, gunshot, heart or pericardium "B" (Class XX, Inter. 170).	F. A.		1					1								0
Wound, gunshot, lower limb "B" (Class XX, Inter. 170).	F. A.		1						1							0
	S. and Y.		1		1											29
	T.		2		1				1							29
Wound, gunshot. lower limb "E" (Class XX Inter. 170).	F. A.		8	2	3			1	1	3					2	134
	S. and Y.		4		1					3						11
	H.		2	5	4										3	439
	T.		14	7	8			1	1	6					5	584
Wound, gunshot, lower limb "F" (Class XX, Inter. 170).	H.	2			2											145
Wound, gunshot, lower limb "K" (Class XX, Inter. 170).	S. and Y.	2		1	1				1					1		259
	H.	1		2	1									2		261
	T.	3		3	2				1					3		520
Wound, gunshot, lower limb "L" (Class XX, Inter. 170).	H.			1										1		58
Wound, gunshot, lung "A" (Class XX, Inter. 170)	F. A.		3		1					1				1		28
	S. and Y.		1	1						1					1	34
	H.			2	1			1								22
	T.		4	3	2			1		2				1	1	84
Wound, gunshot, lung "B" (Class XX, Inter. 170)	F. A.		1	1					1	1						71
	H.			1										1		158
	T.		1	2					1	1				1		229
Wound, gunshot, lung "E" (Class XX Inter. 170)	F. A.		1					1								0

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Wound, gunshot, neck "B" (Class XX, Inter. 170).	H.	1			1											21
Wound, gunshot, neck "E" (Class XX, Inter. 170).	S. and Y.		1					1								2
Wound, gunshot, upper limb "B" (Class XX, Inter. 170).	S. and Y.		1		1											25
Wound, gunshot, upper limb "E" (Class XX, Inter. 170).	F. A.		7	1	5					2					1	74
	S. and Y.		4	1	1				1	1				1	1	104
	H.			5	3	1								1		123
	T.		11	7	9	1			1	3				2	2	301
Wound, gunshot, upper limb "L" (Class XX, Inter. 170).	S. and Y.		1							1						0
Wound, gunshot, unqualified "B" (Class XX, Inter. 170).	F. A.		1		1											4
Wound, gunshot, unqualified "E" (Class XX, Inter. 170).	F. A.		9	3	2	1			2	5				1	1	111
	S. and Y.		2		1					1						63
	H.		1	4	3									2		220
	T.		12	7	6	1			2	6				3	1	394
Wound, gunshot, unqualified "F". (Class XX, Inter. 170.)	H.			2	1									1		50
Wound, gunshot, unqualified "K." (Class XX, Inter 170.)	F. A.	1	1	2	1				1	2						38
	S. and Y.	1		1						2						200
	H.			4	3										1	327
	T.	2	1	7	4				1	4					1	565
Wound, gunshot, unqualified "L." (Class XX, Inter. 170.)	F. A.		1	1					1	1						0
	S. and Y.		1							1						25
	H.			2	2											164
	T.		2	3	2				1	2						189

Wound, incised, larynx "A." (Class XX, Inter. 171.)	F. A		1							1						1
	H			1										1		85
	T		1	1						1				1		86
Wound, incised, lower limb "B." (Class XX, Inter. 171.)	S. and Y		1		1											12
Wound, incised, lower limb "G." (Class XX, Inter. 171.)	F. A		10		9									1		109
	S. and Y			1	1											15
	T		10	1	10									1		124
Wound, incised, lower limb "H." (Class XX, Inter. 171.)	F. A		1		1											11
Wound, incised, lower limb "I." (Class XX, Inter. 171.)	F. A		1		1											5
	S. and Y		1		1											24
	T		2		2											29
Wound, incised, lower limb "J." (Class XX, Inter. 171.)	F. A		1		1											1
	S. and Y		2		2											15
	T		3		3											16
Wound, incised, lower limb "L." (Class XX, Inter. 171.)	F. A		15		14									1		135
	S. and Y		8	1	7					2						88
	H			3	3											64
	T		23	4	24					2				1		287
Wound, incised, neck "A." (Class XX, Inter. 171.)	F. A			1					1							1
	S. and Y		1		1											4
	T		1	1	1				1							5
Wound, incised, neck "L." (Class XX, Interior. 171.)	F. A		3		2					1						4
	H			2	2											12
	T		3	2	4					1						16
Wound, incised, pleura "B." (Class XX, Inter. 171.)	S. and Y			1										1		92
Wound, incised, pleura "L." (Class XX, Inter. 171.)	F. A		1											1		5
Wound, incised, upper limb "E" (Class XX, Inter. 171).	F. A		1		1											30
Wound, incised, upper limb "F" (Class XX, Inter. 171).	S. and Y		1		1											19

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Wound, incised, upper limb "G" (Class XX, Inter. 171).	F. A		8		7				1							79
	H			1										1		22
	T		8	1	7				1					1		101
Wound, incised, upper limb "H" (Class XX, Inter. 171).	F. A		10		10											122
	S. and Y.		8		8											94
	T		18		18											216
Wound, incised, upper limb "I" (Class XX, Inter. 171).	F. A		3		3											22
Wound, incised, upper limb "J" (Class XX, Inter. 171).	S. and Y.		1		1											8
Wound, incised, upper limb "L" (Class XX, Inter. 171).	F. A		39		37					2						292
	S. and Y.	1	19	2	17		1		1	3						216
	H		2	6	6	1								1		254
	T	1	60	8	60	1	1		1	5				1		762
Wound, incised, unqualified "A" (Class XX, Inter. 171).	S. and Y.		1							1						7
	H		1			1										24
	T		2			1				1						31
Wound, incised, unqualified "B" (Class XX, Inter. 171).	F. A		7		5				1	1						39
	H			1	1											18
	T		7	1	6				1	1						57
Wound, incised, unqualified "E" (Class XX, Inter. 171).	F. A		1		1											0
Wound, incised, unqualified "F" (Class XX, Inter. 171).	F. A		2		2											17

Wound, incised, unqualified "G" (Class XX, Inter. 171).	F. A.		10	1	10					1						51
	S. and Y.		1	1	1					1						3
	H.			1	1											10
	T.		11	3	12					2						64
Wound, incised, unqualified "H" (Class XX, Inter. 171).	F. A.		9		8					1						53
	S. and Y.		3	1	4											53
	H.			1										1		23
	T.		12	2	12					1				1		129
Wound, incised, unqualified, "I" (Class XX, Inter. 171).	F. A.		1	1	1				1							2
	H.			1		1										62
	T.		1	2	1	1			1							64
Wound, incised, unqualified "J" (Class XX, Inter. 171).	F. A.		3		3											38
	S. and Y.		1		1											2
	H.		1												1	6
	T.		5		4										1	46
Wound, incised, unqualified "L" (Class XX, Inter. 171).	F. A.	1	54	1	48				1	7						328
	S. and Y.		12		10					2						166
	H.	1		8	7	1									1	308
	T.	2	66	9	65	1			1	9					1	802
Wound, lacerated, abdominal viscera "G" (Class XX, Inter. 186).	F. A.		3					1		2						7
	S. and Y.		1							1						0
	H.			3	2										1	165
	T.		4	3	2			1		3					1	172
Wound, lacerated, abdominal viscera "J" (Class XX, Inter. 186).	F. A.		2		1					1						5
	H.			2		2										9
	T.		2	2	1	2				1						14
Wound, lacerated, abdominal viscera "L" (Class XX, Inter. 186).	F. A.		1			1										2
	H.		1		1											94
	T.		2		1	1										96
Wound, lacerated, lower limb "E" (Class XX, Inter. 186).	F. A.	1	1		2											46

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Remr.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Wound, lacerated, lower limb "G" (Class XX, Inter. 186).	F. A.		23	1	22					1					1	260
	S. and Y.		2		1				1							12
	H.			4	2										2	80
	T.		25	5	25				1	1					3	352
Wound, lacerated, lower limb "H" (Class XX, Inter. 186).	F. A.	1	7		7	1										187
	S. and Y.		2	1					1	2						11
	H.			3	1	1								1		140
	T.	1	9	4	8	2			1	2				1		338
Wound, lacerated, lower limb "I" (Class XX, Inter. 186).	F. A.		14		11					2					1	181
	S. and Y.		2		2											24
	H.			1										1		4
	T.		16	1	13					2				1	1	209
Wound, lacerated, lower limb "J" (Class XX, Inter. 186).	F. A.		2		2											29
	S. and Y.		1							1						0
	H.		1		1											3
	T.		4		3					1						32
Wound, lacerated, lower limb "L" (Class XX, Inter. 186).	F. A.		23		22					1						203
	S. and Y.	1	5	1	5	1				1						33
	H.	2	1	4	5	2										214
	T.	3	29	5	32	3				2						450
Wound, lacerated, neck "A" (Class XX, Inter. 186).	F. A.		1		1											18
Wound, lacerated, upper limb "A" (Class XX, Inter. 186).	F. A.		1							1						0
Wound, lacerated, upper limb "E" (Class XX, Inter. 186).	F. A.		3		3											80
Wound, lacerated, upper limb "F" (Class XX, Inter. 186).	F. A.		2		2											19

Wound, lacerated, upper limb "G" (Class XX, Inter. 186).	F. A.		[illegible]	[illegible]	[illegible]											[illegible]
	S. and Y.		3		2					1						16
	H.			2	1									1		63
	T.		13	3	13					1				2		168
Wound, lacerated, upper limb "H" (Class XX, Inter. 186).	F. A.		67	2	64				1	3					1	737
	S. and Y.		6		6											86
	H.			3	2									1		70
	T.		73	5	72				1	3				1	1	893
Wound, lacerated, upper limb "I" (Class XX, Inter. 186).	F. A.		49	1	43				1	4					2	650
	S. and Y.		11		11											123
	H.		1	3	1									2	1	155
	T.		61	4	55				1	4				2	3	928
Wound, lacerated, upper limb "J" (Class XX, Inter. 186).	F. A.		3		3											8
	S. and Y.		2		2											11
	T.		5		5											19
Wound, lacerated, upper limb "L" (Class XX, Inter. 186).	F. A.		55	3	48				2	5				1	2	689
	S. and Y.		19	1	14					5					1	132
	H.	1		10	8	1								1	1	313
	T.	1	74	14	70	1			2	10				2	4	1,134
Wound, lacerated, unqualified "B" (Class XX, Inter. 186).	F. A.		2		2											8
Wound, lacerated, unqualified "E" (Class XX, Inter. 186).	F. A.		1		1											5
Wound, lacerated, unqualified "F" (Class XX, Inter. 186).	F. A.		2		2											6
Wound, lacerated, unqualified "G" (Class XX, Inter. 186).	F. A.		37	1	29	1				8						235
	S. and Y.		11		10					1						39
	H.	1		7	6	1									1	254
	T.	1	48	8	45	2				9					1	528
Wound, lacerated, unqualified "H" (Class XX, Inter. 186).	F. A.	1	36	1	34	1			1	2						372
	S. and Y.		9	1	8				1	1						92
	H.	2		3	5											171
	T.	3	45	5	47	1			2	3						635

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Wound, lacerated, unqualified "I" (Class XX, Inter. 186).	F. A.	1	36	1	36					2						590
	S. and Y.		3		2										1	12
	H.	1		5	5										1	312
	T.	2	39	6	43					2					2	914
Wound, lacerated, unqualified "J" (Class XX, Inter. 186).	F. A.		5		5											16
	S. and Y.		8		7					1						24
	H.			2	1	1										21
	T.		13	2	13	1				1						61
Wound, lacerated, unqualified "L" (Class XX, Inter. 186).	F. A.	1	112	2	97	1			1	15					1	768
	S. and Y.		36		27					9						228
	H.	2	3	27	26	3								2	1	831
	T.	3	151	29	150	4			1	24				2	2	1,827
Wound, punctured, heart or pericardium "B" (Class XX, Inter. 171).	F. A.		1					1								0
Wound, punctured, lower limb "F" (Class XX, Inter. 171).	F. A.		1		1											5
Wound, punctured, lower limb "G" (Class XX, Inter. 171).	S. and Y.		1		1											2
Wound, punctured, lower limb "H" (Class XX Inter. 171).	F. A.		1		1											48
Wound, punctured, lower limb "I" (Class XX, Inter. 171).	F. A.		3		2					1						8
	H.			1	1											67
	T.		3	1	3					1						75
Wound, punctured, lower limb "J" (Class XX, Inter. 171).	S. and Y.		2		2											2

Inter. 171).	S. and Y.		6		4					1				1		27
	H.			4	4											168
	T.	1	31	5	32					2				1	2	334
Wound, punctured, lung "L" (Class XX, Inter. 171).	S. and Y.		1		1											7
Wound, punctured, neck "B" (Class XX, Inter. 171).	F. A.		1							1						0
Wound, punctured, neck "L" (Class XX, Inter. 171).	S. and Y.		1							1						0
	H.			2	2											21
	T.		1	2	2					1						21
Wound, punctured, upper limb "B" (Class XX, Inter. 171).	H.			1											1	143
Wound, punctured, upper limb "H" (Class XX, Inter. 171).	S. and Y.		2		2											2
Wound, punctured, upper limb "L" (Class XX, Inter. 171).	F. A.		16	1	11					5					1	88
	S. and Y.		7		5					2						23
	H.	1		4	8	1									1	68
	T.	1	23	5	19	1				7					2	179
Wound, punctured, unqualified "H" (Class XX, Inter. 171).	F. A.		1	1	2											11
Wound, punctured, unqualified "L" (Class XX, Inter. 171).	F. A.	1	19		17					3						152
	S. and Y.		1							1						0
	H.		1	4	3	1									1	134
	T.	1	21	4	20	1				4					1	286
POISONS.																
Botulism "L" (Class XXI, Inter. 164).	F. A.		1		1											1
	S. and Y.		1		1											0
	H.		1		1											15
	T.		3		3											16
Insect sting "L" (Class XXI, Inter. 165A).	F. A.		2		2											17
	S. and Y.		2		1					1						6
	H.		1	1	2											9
	T.		5	1	5					1						32

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1913*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Cont.	Days.
		Rem.	A.	RA.	D.	C.	Dsd.	DD.	IS.	H.	HI.	HT.	L.	T.		
Poisoning by alcohol "L" (Class XXI, Inter. 56 B)	F. A	1	151	18	121			3	1	37				2	1	389
	S. and Y	1	68	8	44				1	30				2		212
	H	5	9	70	68	17		1						2	2	1,058
	T	7	228	97	233	17		4	2	67				6	3	1,659
Poisoning by chloroform anesthesia "L" (Class XXI, Inter. 168B)	S. and Y			1	1											126
	H		1	1									1	1		28
	T		1	2	1								1	1		154
Poisoning by ether anesthesia "L" (Class XXI, Inter. 168B)	F. A		1					1								0
Poisoning by fish "L" (Class XXI, Inter. 164)	F. A		13		12					1						21
	S. and Y		2		1					1						4
	H		1	3	4											35
	T		16	3	17					2						60
Poisoning by fish venom "L" (Class XXI, Inter. 165A)	F. A		1		1											0
	S. and Y		1		1											1
	T		2		2											1
Poisoning by gasoline inhaled "L" (Class XXI, Inter. 168B).	F. A		1		1											1
Poisoning by illuminating gas "A" (Class XXI, Inter. 168B).	S. and Y		1					1								0
Poisoning by illuminating gas "L" (Class XXI, Inter. 168B).	F. A		1							1						0
	H			2	1	1										12
	T		1	2	1	1				1						12
Poisoning by lead, acute "L" (Class XXI, Inter. 165B).	F. A		22	3	18	1				5						121
	S. and Y		2	3	2	2								1		50
	H		1	4	3	2								1		[illegible]
	T		25	10	23	5				5				2		[illegible]

57B).	H	1	1	28	25	2								1	2	1,081
	T	1	36	31	36	2			1	26				1	2	1,197
Poisoning by mercury, acute "A" (Class XXI, Inter. 165B).	F. A.		5		1			1		3						7
	S. and Y.		1							1						0
	H			3	3											35
	T		6	3	4			1		4						42
Poisoning by mercury, acute "L" (Class XXI, Inter. 165B).	F. A.		1		1											3
	S. and Y.		2		1					1						4
	H		1	1	2											19
	T		4	1	4					1						26
Poisoning by methyl alcohol "L" (Class XXI, Inter. 165B).	H			1				1								0
Poisoning by opium, acute "A" (Class XXI, Inter. 165B).	S. and Y.		1		1											1
Poisoning by opium, acute "L" (Class XXI, Inter. 165B).	F. A.		1		1											20
Poisoning by phenol "L" (Class XXI, Inter. 165B).	F. A.		1							1						2
	H			1	1											12
	T		1	1	1					1						14
Poisoning by serum "L" (Class XXI, Inter. 165B).	F. A.		2		1					1						10
	S. and Y.		1		1											3
	H		1	2	1	1		1								18
	T		4	2	3	1		1		1						31
Poisoning by snake venom "L" (Class XXI, Inter. 165A).	F. A.		1		1											22
	S. and Y.		1							1						0
	H			1	1											3
	T		2	1	2					1						25
Poisoning by tobacco, acute "L" (Class XXI, Inter. 165B).	F. A.		1		1											3
	S. and Y.		1							1						
	H			1	1											7
	T		2	1	2					1						10

TABLE 1.—*Detailed statement of disease and injury for the calendar year 1918*—Continued.

Diagnosis.	Place.	Taken up as—			Disposition.										Continued to next year.	Total number of sick days.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Deserted.	Died.	Invalid from service.	Hospital (naval).	Hospital for insane.	Hospital for tuberculosis.	Sick leave.	Transferred.		
Poisoning by tobacco, chronic "L" (Class XXI, Inter. 59).	F. A.		1							1						0
	H.			1	1											60
	T.		1	1	1					1						60
Poisoning by turpentine "L" (Class XXI, Inter. 165B).	F. A.		1		1											7
	S. and Y.		1							1						0
	H.			1	1											2
	T.		2	1	2					1						9
Poisoning, unqualified "A" (Class XXI, Inter. 165B).	F. A.		4							4						0
	S. and Y.		2							2						0
	H.			4	2	2										121
	T.		6	4	2	2				6						121
Poisoning, unqualified "L" (Class XXI, Inter. 165B)	F. A.		23		19					4						63
	S. and Y.		6		3			2		1						11
	H.		4	7	8	1		1						1		116
	T.		33	7	30	1		3		5				1		190
Totals for diseases	F. A.	156	18,887	2,733	15,376	120	4	27	599	5,014	2	2	5	410	217	92,131
	S. and Y.	140	8,070	1,330	5,772	95		20	473	2,922	6	6	7	66	173	59,008
	H.	1,156	2,280	9,540	7,672	1,987	50	99	174		64	208	85	1,420	1,217	433,691
	T.	1,452	29,237	13,603	28,820	2,202	54	146	1,246	7,936	72	216	97	1,896	1,607	584,830

	S. and Y.	26	1,136	101	867	8	1	30	19	301	......	......	......	15	22	10,018
	H.	112	130	904	760	152	6	18	....	....	......	......	5	102	103	40,495
	T.	185	4,466	1,163	4,287	180	7	106	73	818	......	......	6	159	178	77,260
Grand totals for diseases and injuries	F. A.	203	22,087	2,891	18,036	140	4	85	653	5,531	2	2	6	452	270	118,883
	S. and Y.	166	9,206	1,431	6,639	103	1	50	492	3,223	6	6	7	81	195	69,021
	H.	1,268	2,410	10,444	8,432	2,139	56	117	174	....	64	208	90	1,522	1,320	474,186
	T.	1,637	33,703	14,766	33,107	2,382	61	252	1,319	8,754	72	216	103	2,055	1,785	662,090

F. A.—Force afloat. S. and Y.—Stations and yards. H.—Hospitals and hospital ships. T.—Totals.

SUMMARY.

Comparative rates with previous years.	For the year 1913.				Average for 10 years; 1903–1912.
	Force afloat.	Stations and yards.	Hospitals.	Entire service.	
Average complement	42,719	21,124	2,083	65,926	49,970
Number of cases treated	25,181	10,803	14,122	50,106	38,692
Rate per 1,000 of complement	589.45	511.38	....	760.03	860.39
Deaths	85	50	117	252	267
Rate per 1,000 of complement	1.98	2.36	....	3.82	5.93
Invalided from service	653	492	174	1,319	1,433
Rate per 1,000 of complement	15.28	23.29	....	20.00	31.86
Total number of sick days	118,883	69,021	474,186	662,090	521,924
Rate per 1,000 of complement	2,782.90	3,267.42	....	10,042.92	11,606.00

TABLE 2.—*Table showing distribution among occupational groups of the personnel for the calendar year 1913, by classified admissions and admission rates, deaths and death rates, invalided from service and invalided rates, suicides and suicide rates, and computed damage.*

Class	Officers.		Artificers.				Miscellaneous force.						Seaman branch.			Total.				
	Navy and marine.	Midshipmen. (Undergraduate.)	Electricians.	Engine room.	Fireroom.	All others.	Clerical.	Culinary.	Hospital.	Marines.	Musicians.	Prisoners.	Apprentice seamen.	Ordnance.	All others.	All occupations.	Deaths.	Invalided from service.	Sick days.	Total damage.[1]
Average complement	3,635	870	1,859	3,529	11,276	1,661	1,422	3,588	1,222	9,921	1,144	1,090	2,668	2,229	19,812	65,926				
Diseases of blood	1				4			2		2	1		1		4	15	3		324	2.20
Rate per 1,000	.27				.35			.55		.20	.87		.37		.20	.22	.04			
Diseases of circulatory system	19	1	4	15	48	4	4	12	8	62	4	4	59	5	60	309	15	131	9,843	99.48
Rate per 1,000	5.22	1.14	2.15	4.24	4.25	2.40	2.81	3.34	6.54	6.24	3.49	3.66	12.11	2.24	3.02	4.68	.22	1.98		
Diseases of digestive system	342	241	127	216	936	105	83	196	147	754	60	59	328	108	1,563	5,265	17	24	68,155	206.82
Rate per 1,000	94.08	277.01	68.31	61.27	83.00	63.21	58.36	54.62	120.29	76.00	52.44	54.12	122.93	48.45	78.89	79.85	.25	.36		
Diseases of ductless glands and spleen	1		3		3	1	1			4			4		6	23	1	6	1,017	6.08
Rate per 1,000	.27		1.61		.26	.60	.70			.40			1.49		.30	.34	.01	.09		
Diseases of ear	35	7	10	15	82	12	9	12	11	67	6	1	83	8	149	507		80	14,047	78.36
Rate per 1,000	9.62	8.04	5.37	4.24	7.27	7.22	6.32	3.34	9.00	6.75	5.24	.91	31.10	3.58	7.51	7.69		1.21		
Diseases of eye and annexa	36	29	25	25	78	17	12	20	12	71	6	1	53	13	128	526		81	14,097	78.83
Rate per 1,000	9.90	33.33	13.44	7.08	6.91	10.23	8.43	5.57	9.81	7.15	5.24	.91	19.86	5.83	6.46	7.97		1.22		
Diseases of genito-urinary system (nonvenereal)	59	23	43	51	208	31	30	35	32	188	8	1	90	24	284	1,107	9	54	24,020	96.89
Rate per 1,000	16.23	26.43	23.12	14.45	18.44	18.66	21.09	9.75	26.18	18.94	6.99	.91	33.73	10.76	14.33	16.79	.13	.81		
Diseases of infective type (nonvenereal)	368	166	135	210	1,014	97	92	243	142	1,397	86	43	839	102	1,669	6,603	54	101	154,608	500.71
Rate per 1,000	101.23	190.80	72.61	59.50	89.92	58.39	64.69	67.72	116.20	140.81	75.17	39.44	314.46	45.76	84.24	100.15	.81	1.53		
Diseases of infective type (venereal)	39	6	211	371	2,198	227	146	606	79	1,809	80	14	250	222	3,176	9,434	4	134	141,378	455.93
Rate per 1,000	10.72	6.89	113.50	105.12	194.92	136.66	102.67	168.89	64.64	182.40	69.92	12.84	93.70	99.59	160.30	143.09	.06	2.03		
Diseases of lymphatic system	8	10	8	18	54	9	3	23	4	47	3	3	16	5	87	298		3	8,757	25.31
Rate per 1,000	2.20	11.49	4.30	5.09	4.78	5.41	2.10	6.41	3.27	4.73	2.62	2.75	5.99	2.24	4.39	4.52		.04		
Diseases of mind	16	1	4	10	81	10	9	14	4	39	3	10	33	6	45	285	5	123	18,458	113.89
Rate per 1,000	4.40	1.14	2.15	2.83	7.18	6.02	6.32	3.90	3.27	3.93	2.62	9.17	12.36	2.69	2.27	4.32	.07	1.86		
Diseases of motor system	23	3	13	13	106	10	6	22	16	172	4	2	59	8	125	582		240	20,138	175.15
Rate per 1,000	6.32	3.44	6.99	3.68	9.40	6.02	4.21	6.13	12.09	17.33	3.49	1.83	12.11	3.58	6.30	8.82		3.64		
Diseases of nervous system	54	8	11	22	89	10	7	22	7	90	9	4	22	7	92	454	7	126	20,117	121.37
Rate per 1,000	14.85	9.19	5.91	6.23	7.89	6.02	4.92	6.13	5.72	9.07	7.86	3.66	8.24	3.14	4.64	6.88	.10	1.91		
Diseases of respiratory system	129	25	37	42	164	41	24	44	40	209	21	6	233	22	356	1,393	24	49	31,202	121.74
Rate per 1,000	35.48	28.73	19.90	11.90	14.54	24.68	16.87	12.26	32.73	21.06	18.35	5.50	87.33	9.86	17.96	21.12	.36	.74		

Diseases of skin, hair, and nails	31	20	15	21	116	8	12	18	13	132	3	4	77	6	172	648	......	12	10,436	34.52
Rate per 1,000	8.52	22.98	8.06	5.95	10.28	4.81	8.43	5.01	10.63	13.30	2.62	3.66	28.85	2.69	8.68	9.82	......	.18	......	......
Hernia	12	4	5	18	65	9	6	16	6	57	3	4	39	12	96	352	......	32	15,335	57.83
Rate per 1,000	3.30	4.59	2.68	5.09	5.76	5.41	4.21	4.45	4.90	5.74	2.62	3.66	14.61	5.38	4.84	5.33	......	.48	......	......
Miscellaneous diseases and conditions	68	22	13	40	139	16	8	26	14	118	4	9	24	11	135	647	1	43	17,228	68.95
Rate per 1,000	18.70	25.28	6.99	11.33	12.32	9.63	5.62	7.24	11.45	11.88	3.49	8.25	8.99	4.93	6.81	9 81	.01	.65	......	......
Parasites	11	10	17	9	81	8	18	35	9	153	23	2	91	8	224	699	1	2	12,527	35.63
Rate per 1,000	3.02	11.49	9.14	2.55	7.18	4.81	12.65	9.75	7.36	15.41	20.10	1.83	34.10	3.58	11.30	10.60	.01	.03	......	......
Poisons	18	1	3	26	108	23	7	15	5	81	2	1	2	8	83	383	12	2	4,068	11.83
Rate per 1,000	4.95	1.14	1 61	7.36	9.57	13.84	4.92	4.18	4.09	8.16	1.74	.91	.74	3.58	4.18	5.80	.18	.03	......	......
Tumors	2	2	......	1	24	5	1	1	1	21	......	......	3	8	21	90	5	5	3,143	13.22
Rate per 1,000	.55	2.29	......	.28	2.12	3.01	.70	.27	.81	2.11	......	......	1.12	3.58	1.05	1.36	.07	.07	......	......
Wounds and other injuries	140	133	95	251	891	120	55	145	62	566	22	45	168	84	1,306	4,083	94	71	73,192	283.62
Rate per 1,000	38.51	152.87	51.10	71.12	79.01	72.24	38.67	40.41	50.73	57.05	19.23	41.28	62.96	37.68	65.91	61.93	1.42	1.11	......	......
All classes	1,412	712	779	1,374	6,489	763	533	1,507	612	6,039	348	213	2,474	667	9,781	33,703	252	1,319	662,090	2,599.12
Rate per 1,000	388.44	818.39	419.04	389.34	575.47	459.36	374.82	420.01	500.81	608.70	304.19	195.41	927.28	299.23	493.66	511.22	3.82	20.00	......	......
Died	15	1	8	20	43	9	8	14	5	39	4	1	9	13	63	252	......	......	......	......
Rate per 1,000	4.12	1.14	4.30	5.66	3.81	5.41	5.62	3.90	4.09	3.93	3.49	.91	3.37	5.83	3.17	3.82	......	......	......	......
Suicides	1	......	1	......	1	1	1	1	......	4	......	......	......	......	4	14	......	......	......	......
Rate per 1,000	.27	......	.53	......	.08	.60	.70	.27	......	.40	......	......	......	......	.20	.21	......	......	......	......
Invalided from service	13	......	27	41	229	19	19	46	39	278	13	1	293	10	291	1,319	......	......	......	......
Rate per 1,000	3.57	......	14.52	11.61	20.30	11.43	13.36	12.82	31.91	28.02	11.36	.91	109.82	4.48	14.68	20.00	......	......	......	......
Sick days	37,351	5,466	15,475	32,919	126,488	15,603	10,979	36,009	14,068	127,150	6,151	4,268	30.419	14,306	176.436	662,090	......	......	......	......
Total damage[1]	116.29	15.47	59.89	120.66	482.47	56.73	43.47	128.64	60.53	506.84	25.34	12.68	259.09	50.69	666.20	2,599.12	......	......	......	......

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[1] Total damage is in terms of individuals whose loss of service by sickness, discharge from service, or death would be represented as continuous throughout the year.

II. FINANCIAL.

TABLE No. 3.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1914.*

Hospital at—	Total cost of maintenance.	Subsistence.	Maintenance per diem.	Subsistence per diem.
		Days.		
Annapolis, Md	$25,005.96	22,664	$1.1033	$0.5309
Canacao, P. I	54,327.21	43,457	1.25	.499
Chelsea, Mass	54,169.83	54,450	.9948	.553
Great Lakes, Ill	7,844.88	8,896	.8818	.386
Guam	24,699.27	14,056	1.756	.645
Las Animas, Colo	130,681.09	113,388	1.093	.7285
Mare Island, Cal	86,693.11	89,564	1.0014	.5215
Narragansett Bay, R. I	64,131.12	58,894	1.08	.514
New York, N. Y	98,019.92	90,605	1.0818	.4599
Norfolk, Va	115,212.37	136,692	.8428	.4285
Olongapo, P. I	32,451.77	29,985	1.082	.553
Philadelphia, Pa	63,313.87	65,388	.96827	.585
Port Royal, S. C	10,724.07	8,616	1.244	.443
Portsmouth, N. H	33,364.41	17,771	1.877	.543
Puget Sound, Wash	40,732.60	32,654	1.2473	.5438
Washington, D. C	60,825.53	49,326	1.147	.607
Yokohama, Japan	5,111.02	3,062	1.668	.453

TABLE No. 4.—*Statement of the activities of naval medical supply depots.*

Supply Depot.	Number of requisitions.	Value of requisitions filled.
New York, N. Y	974	$251,142.06
Mare Island, Cal	265	50,525.72
Canacao, P. I	161	15,015.89

TABLE No. 5.—*Statement of the naval hospital fund.*

The condition of the fund is as follows:

Balance on hand July 1, 1913	$8,780.17
Transferred to credit since July 1, 1913	983,791.99
Total	992,572.16
Expended since July 1, 1913	992,508.88
Balance on hand June 30, 1914	63.28

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NAVY DEPARTMENT
BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT
OF THE
Surgeon General, U. S. Navy
CHIEF OF THE BUREAU OF MEDICINE AND SURGERY
TO THE
SECRETARY OF THE NAVY

FOR THE FISCAL YEAR
1915

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REPORT

OF THE

SURGEON GENERAL, UNITED STATES NAVY.[1]

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., September 18, 1915.

To: Secretary of the Navy.
Subject: Annual report for fiscal year 1915.

The following report of the activities of the bureau is submitted:

During the past year there has been an increase in the admission and death rates over the preceding year. The latter rate continues, however, very low, only 4.18 per 1,000, and the admission rate is lower than for the 10-year period from 1901 to 1910, inclusive. Considering that these statistics include the time of the Vera Cruz campaign, during which a large proportion of the personnel was occupied in tropical duty for more than seven months, I believe the above result may be pointed out as fully satisfactory and up to the high standard of the past several years.

Term.	Per 1,000 of personnel.		
	Admissions and readmissions, all causes.	Deaths.	Total sick days.
Average, years 1901-1910	897.35	5.38	10,871.12
1912	787.46	4.08	9,449.39
1913	760.03	3.82	10,041.41
1914	886.58	4.18	10,862.28

Among the major classified groups of disease that show an increase in total damage are the following:

Diseases of the digestive system.
Diseases of the ear.
Diseases of the genito-urinary system (nonvenereal).
Diseases of infective type (nonvenereal).
Diseases of the nervous system.
Diseases of the respiratory system.
Wounds of all classes.

Among the more important of the special diseases that show an increase are the following:

Arthritis, acute.
Bronchitis, acute.

---

[1] All statistics of health cover the calendar year 1914.

Chancroid.
Furunculosis.
Gonorrhea.
Gunshot wounds.
Malaria.
Pneumonia.
Rheumatic fever.
Tonsillitis.

A decrease is noted in diseases of the circulatory system, eye and adnexa, infective type (venereal), motor system, and the following special diseases:

Diphtheria.
Measles.
Mumps.
Syphilis.
Tuberculosis.
Typhoid fever.
Valvular disease of heart.

Deaths are increased by approximately the number lost at Vera Cruz.

NOTES ON DISEASES OF SPECIAL INTEREST FOLLOW:

TYPHOID FEVER.—Three years ago the naval service provided a total of 222 cases of this disease with 15 deaths; the present report shows 13 cases and no deaths.

Year.	Admitted.		Died.	Sick days.
	Number.	Rate per 1,000.		
1909	189	3.30	17	10,378
1910	193	3.30	10	9,426
1911	222	3.61	15	14,024
1912	57	.92	2	5,234
1913	22	.33	4	1,657
1914	13	.19	....	1,027

We seem to be seeing in the developments of the last few years the passing, or the temporary subsidence, of a disease as a world menace such as has happened in past epochs to typhus, smallpox, diphtheria, scurvy, and others. But as with these examples, which are still constantly with us, a neglect of the precautions which have produced the happy result would undoubtedly presage a return to previous conditions. I have no hesitancy in saying that the practical elimination of typhoid from the Navy is due almost *in toto* to prophylactic inoculation. While the reduction in morbidity has been coincident with a marked improvement along the same lines in the civil population of the larger cities of the United States, which can not be ascribed to immunizing methods, the improvement in our service has far outpaced that ashore. Undoubtedly the country-wide education regarding sanitary principles, as disposal of waste, improvement of water supply, more extensive pasteurization of milk, antifly campaigns, etc., have been most potent in producing the results shown in the following tables, taken from the Journal of the American Medical Association:

Death rates from typhoid in cities of 300,000 to 500,000 population.

	Deaths from typhoid per 100,000 of population.		Average 1911-1914.	Average 1906-1910.
	1914	1913		
Seattle	4.6	4.8	6.5	25.2
Cincinnati	6.0	6.3	7.9	30.1
Newark, N. J	6.3	7.8	7.8	14.6
Milwaukee	7.9	11.1	15.8	27.0
Los Angeles	8.0	13.3	12.0	19.0
Minneapolis	11.0	12.3	11.5	32.1
Washington	12.7	16.3	18.5	36.7
San Francisco	12.9	16.5	14.7	27.3
Buffalo	15.8	15.1	16.8	22.8
New Orleans	21.5	16.8	20.7	35.6

Total average typhoid death rate (1910–1914).

	Total population (49 cities), estimated by U.S. Census Bureau methods.	Typhoid deaths.	Typhoid death rate per 100,000.
1910	20,244.499	3,910	19.31
1911	20,768,055	3,203	15.42
1912	21,291,611	2,611	12.26
1913	21,815,167	2,723	12.48
1914	22,338,723	2,283	10.22

TOTAL POPULATION (57 CITIES).

1910	20,996,035	4,114	19.59
1911	21,545,014	3,391	15.74
1912	22,093,993	2,775	12.56
1913	22,642,972	2,892	12.77
1914	23,191,951	2,408	10.38

Reports from the armies of the contending nations now in the field show remarkable improvement. The Germans, who had provided extensive hospital accommodations for expected or possible incidence of typhoid, measured by standards of previous conflicts, have been able to convert these facilities to other uses owing to the comparatively slight incidence of what was once the worst scourge of a military campaign. In the British Expeditionary Force in France during the first 10 months of the war the ratio of morbidity was 14 times, and of mortality 42 times greater among the uninoculated than among the inoculated. (British Medical Journal.) "The sanitary condition of the French Army is particularly satisfactory. No epidemics have appeared, thanks to the knowledge and strict application of the fixed laws of hygiene. If a few isolated cases of typhoid fever appear, it is because those who are attacked have not been protected by vaccination, or have been vaccinated in an unsatisfactory manner as to quantity or method of application. In the early months of the war, moreover, since preventive vaccination had not yet been made general, and numerous cases were presenting themselves in the infectious hospitals, it was thought that cases of typhoid fever had been found in those who had been vaccinated. This was not so. These cases have been found to be paratyphoid." (Lancet, London, Aug. 7, 1915.)

The procedure at present considered advisable by this bureau, and now in force, is to inoculate on entry into the service, and on every reenlistment (or after every period of four years), for all under 45 years of age.

VENEREAL DISEASE.—During the last year the primary admission rate for venereal disease was more than for the year 1913, but below the rate for 1909, 1910, 1911, and 1912. It seems now that we have sufficient data to review our experience with venereal prophylaxis with a view to estimating results obtained.

Admission rate for venereal disease.

Year.	Average complement.	Chancroid.		Gonorrhea.		Syphilis.	
		Admissions.	Rate.	Admissions.	Rate.	Admissions.	Rate.
1903	37,248	396	10.63	1,032	27.70	816	21.90
1904	40,555	542	13.36	1,512	37.28	880	21.69
1905	41,313	538	13.00	2,085	50.46	981	23.73
1906	42,529	733	17.23	2,640	62.07	1,147	26.96
1907	46,336	554	11.95	2,274	49.07	881	19.01
1908	52,913	665	12.56	3,015	56.98	1,001	18.91
1909	57,172	1,573	27.51	5,861	102.51	1,476	25.81
1910	58,340	1,968	33.73	6,062	103.90	1,315	22.54
1911	61,399	1,929	31.41	5,658	92.15	1,665	27.11
1912	61,897	2,169	35.04	5,403	87.29	1,424	23.00
1913	65,926	1,855	28.13	5,320	80.69	1,447	21.94
1914	67,141	2,908	43.31	5,703	84.94	1,332	19.83

While efforts were made toward the adoption of a system of compulsory prophylactic treatment against venereal disease in 1907, the matter was not taken up generally throughout the Navy until January, 1909. A glance at the above table would indicate that coincident with the adoption of the system of venereal prophylaxis the admission rate of certain diseases was nearly or more than doubled. It is therefore necessary to explain that in the early part of 1909 a new statistical report was adopted and this statistical report directed that all cases of venereal disease that appeared for treatment should be admitted to the sick list for purpose of record, even though it was not necessary to excuse them from duty and admit them to the sick list for treatment. This custom coming coincidently with the general adoption of a scheme of venereal prophylaxis greatly masked the result and has delayed a true estimate of the value of the propaganda. The admission rate for chancroid has never been so high as it was in the year 1914. The admission rate for gonorrhea shows a slight increase over the previous year: while the admission rate for syphilis has shown a slight drop, lower, in fact, than the preceding five years.

Chancroid.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.	Damage rate per 1,000.
1903	37,248	396	0	10.63	7,644	20.9424	19.8575	20.94	....	0.562
1904	40,555	542	4	13.36	7,661	20.8852	19.4043	22.88	....	.564
1905	41,313	538	2	13.00	5,469	14.9835	13.5095	15.98	....	.386
1906	42,529	733	0	17.23	6,562	17.9726	15.9698	17.97	....	.422
1907	46,336	554	0	11.95	6,311	17.2904	15.7726	17.29	....	.370
1908	52,913	665	0	12.56	6,570	17.9508	16.1338	17.95	....	.339
1909	57,172	1,573	3	27.51	9,539	26.1342	21.8246	....	23.32	.407
1910	58,340	1,968	1	33.73	9,975	27.3287	21.9369	....	22.43	.384
1911	61,399	1,929	0	31.41	12,547	34.3753	29.0904	....	29.09	.473
1912	61,897	2,169	0	35.04	12,634	34.5191	28.5928	....	28.59	.462
1913	65,926	1,855	0	28.13	9,018	....	24.7068	....	24.70	.374
1914	67,141	2,908	1	43.31	14,749	....	40.4082	....	40.90	.609

The above table will show the damage rate per 1,000 men on account of chancroid. The total damage since 1909 is corrected by subtracting from the total number of sick days a number equal to the total admission rate, which will more than correct any increase due solely to admissions to the sick list for purposes of record only. It may be seen from this table that coincident with the increase in the admission rate there is an increase in the damage rate.

Gonorrhea.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.	Damage rate per 1,000.
1903	37,248	1,032	4	27.70	11,643	31.8986	29.0715	33.89	....	0.909
1904	40,555	1,512	15	37.28	14,953	40.8551	36.7240	48.35	....	1.192
1905	41,313	2,085	11	50.46	15,137	41.4712	35.7589	46.96	....	1.136
1906	42,529	2,640	7	62.07	17,958	49.2000	41.9671	52.69	....	1.238
1907	46,336	2,274	8	49.07	13,912	38.1150	31.8849	42.11	....	.908
1908	52,913	3,015	14	56.98	18,229	49.8060	41.5683	56.80	....	1.072
1909	57,172	5,861	33	102.51	28,801	78.9068	62.8219	....	79.32	1.387
1910	58,340	6,062	17	103.90	31,813	87.1589	70.5506	....	79.04	1.354
1911	61,399	5,658	26	92.15	33,946	93.0027	77.5013	....	90.49	1.473
1912	61,897	5,403	26	87.29	35,140	96.0109	81.2486	....	94.24	1.522
1913	65,926	5,320	27	80.69	33,204	....	90.9698	....	104.46	1.584
1914	67,141	5,703	10	84.94	36,218	....	99.2273	....	104.22	1.552

The above table is subject to certain corrections for the same reasons that corrections are made in the table for chancroid, and the damage rate per 1,000 men on account of gonorrhea is shown to be fairly constant during the past three years and equal to or a little bit more than 1½ men per day per 1,000.

Syphilis.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.	Damage rate per 1,000.
1903	37,248	816	132	21.90	34,112	93.4575	91.2219	159.45	....	4.28
1904	40,555	880	125	21.69	32,389	88.4945	86.0901	150.99	....	3.72
1905	41,313	981	97	23.73	39,632	108.5803	105.8931	157.08	....	3.80
1906	42,529	1,147	91	26.96	41,248	113.0082	109.8657	158.50	....	3.72
1907	46,336	881	106	19.01	32,656	89.4684	87.0547	142.46	....	3.07
1908	52,913	1,001	118	18.91	36,645	100.1229	97.3578	159.12	....	3.00
1909	57,172	1,476	171	25.81	49,647	136.0191	131.9783	....	217.47	3.80
1910	58,340	1,315	118	22.54	47,833	131.2136	127.5890	....	186.58	3.19
1911	61,399	1,665	84	27.11	66,210	181.3972	176.8356	....	218.83	3.56
1912	61,897	1,424	75	23.00	56,759	155.0792	151.1885	....	188.66	3.04
1913	65,926	1.447	74	21.94	62,630	....	171.5890	....	208.58	3.16
1914	67,141	1,332	51	19.83	53,016	....	145.2493	....	170.74	2.54

The above table for syphilis is perhaps the most encouraging of the tables for a special venereal disease, and shows a slow but consistent drop. As there is also a drop in the admission rate for this disease we may perhaps attribute some of this improvement to other well-known factors and advances in treatment by means of salvarsan and allied salts, with the introduction of which this improvement seems to coincide in matter of time. This disease has always given a greater damage rate per 1,000, and the results for the year of 1914 are lower than for any preceding year.

Primary venereal diseases and sequelæ.[1]

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.	Damage rate per 1,000.
1903	37,248	3,951	212	106.07	98,984	271.189	260.364	377.18	....	10.12
1904	40,555	4,817	234	118.77	107,007	292.368	279.207	409.36	....	10.09
1905	41,313	5,293	163	128.11	105,099	287.668	273.441	369.16	....	8.93
1906	42,529	6,348	144	149.26	116,411	318.901	301.542	390.90	....	9.19
1907	46,336	5,528	153	119.30	99,126	271.578	256.430	348.07	....	7.51
1908	52,913	6,491	186	122.67	105,142	287.273	269.538	380.27	....	7.19
1909	57,172	10,961	287	191.71	136,761	374.687	344.657	....	488.15	8.53
1910	58,340	11,071	191	189.76	135,507	371.252	340.920	....	436.42	7.48
1911	61,399	10,827	185	176.33	161,358	442.076	412.413	....	534.57	8.70
1912	61,897	10,495	153	169.55	146,135	399.275	370.6 1	....	447.10	7.22
1913	65,926	9.434	138	143.09	141,378	....	387.336	....	456.33	6.92
1914	67,141	10,932	118	162.82	142,981	....	391.728	....	450.72	6.71

---

[1] Includes only: (1) Gonorrhea, (2) chancroid, (3) syphilis, (4) arthritis gonorrhoica, (5) epididymitis, (6) adenitis inguinalis, (7) prostatitis, (8) orchitis, (9) ophthalmia gonorrhoica.

The foregoing table includes the three important venereal diseases, chancroid, gonorrhea, syphilis, and the sequelæ or complications, such as adenitis inguinalis, arthritis gonorrhoica, epididymitis, ophthalmia gonorrhoica, orchitis, and prostatitis. The table does not include certain diseases often due to syphilis, such as iritis, certain diseases of the spinal cord, etc., which may, however, be due to other causes. By consulting this table it will be seen that there is an improvement in the damage rate per 1,000 of average complement, and the foregoing tables would seem to indicate that this improvement is found largely because of the lower damage rate for syphilis. In drawing conclusions from the foregoing tables as to the value of venereal prophylaxis it seems proper to point out that failure to

revent the disease in most cases is due to the fact that preventive
easures by means of antiseptics are so long delayed that the virus
taken up by the lymphatics and carried beyond the reach of the
tiseptic agents by the time they are applied. This factor of delay
probably one of the greatest factors in the failure of venereal
ophylaxis. Other factors, however, such as ignorance, intoxica-
on, and indifference can not be discounted. The enthusiasm of
edical officers along these lines is still evident in many quarters.
ontinence and a deeper interest in the moral aspect of this very
portant question, particularly in connection with the young and
mature personnel, are matters for serious consideration. Where
e individual fails to heed the repeated warnings and instructions,
d wilfully and of his own volition exposes himself to dangers of
eneral disease, the practice will continue of using such means as
e within our power to save him from the effects of his exposure.

Tuberculosis.—A satisfactory decrease in the incidence of tuber-
losis in the naval service is noted in the following table:

Year.	Admitted.		Deaths.	Sick days.
	Number.	Rate per 1,000.		
09	311	5.[illegible]3	40	58,984
10	349	5.98	44	65,443
11	319	5.19	48	6[illegible],668
12	264	4.26	32	57,723
13	325	4.92	30	67,423
14	295	4.39	38	80,237

While the above decrease is observed throughout the active per-
onnel of the service ashore and afloat, the following increased activity
f the naval hospital, Las Animas, Colo., is noted with interest.

The number of cases under treatment during the past year was
52, against 367 the preceding 12 months, and deaths 44, twice as
reat as the year previous. However, in explanation of this latter it
noted that during 1914 the admission of far advanced cases was 46,
r 19 more than for 1913. A considerable number of these cases
ved only from a few days to less than a month after admission. The
reat majority of these admissions were from retired pensioners and
ot readmissions from active service. The distressingly large number
f sick days from tuberculosis, greater than any other single disease
r injury, must not be given such great weight in considering the
elative loss from this disease, as the average duration of stay of each
atient was 254 sick days, or over 8 months. It is the total of
rimary admissions among our force afloat that indicates an increased
enace, with 110 for the period of this report, against 81 in the pre-
eding year. It is to be hoped that this increase may be to a greater or
ess extent due to a more active vigilance in the detection and early
egregation of the incipient cases. It can not be denied that service
fe afloat is such that the disease is incident to the character of the
fe. The close association of 1,000 men inside the steel walls of their
loating home, the relative lack of air, of sunshine, of space, render
he presence of an early, undetected carrier highly dangerous.

It must be the constant aim of constructors and sanitarians to improve the hygienic conditions of such a life; it must be kept in the minds of medical officers that "eternal vigilance is the price of safety," and "an ounce of prevention is worth a pound of cure."

Medical Inspector Barber, United States Navy, in his report from Las Animas, quoted above, reports excellent results from the treatment of surgical cases by heliotherapy and ionic medication. The conditions of the climate allow the use of the former method during about nine months of the year. The use of ultra-violet rays in tubercular sinuses has given gratifying results. The necessary apparatus is simple and inexpensive. Graded rest and labor, and the inhalation of creosote and iodin, have been used as routine for all medical cases with satisfactory progress. The latter procedure, if carried out in a conscientious manner for a period of at least six months, promises cure in 90 per cent first-stage and 40 per cent of second-stage cases, with improvement in the more advanced.

DIPHTHERIA.—A 20 per cent decrease is noted from the previous year, with no deaths. The total of cases was but 59, scattered, with no epidemic demonstration of any note, except that on the U. S. S. *Arkansas*, where 11 cases developed during January and February. Daily examination of the throats and nares of the crew, with careful isolation and culturing of the suspects, caused an early disappearance of the infection. There has been no death from diphtheria in the naval service since 1911.

MALARIA.—As was to be expected from the activity of the Navy in Mexican waters during 1914, malaria comes to the fore with a 50 per cent increase of admissions over 1913. The value of screening was notably demonstrated by the experience of the U. S. S. *Des Moines* at Tampico, with an occurrence of 219 infections out of a crew of 293, following removal of all port and hatch screens in clearing for action.

The question of the value of quinin prophylaxis has been raised by various observers. It is claimed that the disease is at best but kept in abeyance and the slightest relaxation in the use of the drug may precipitate a temporary incapacity of almost an entire command; also that a state of resistance is cultivated in the plasmodium that renders treatment by quinin in an active exacerbation difficult or impossible. Even if these points were well grounded, the known value of a prophylactic in the field, with mobile troops (where screening or mosquito destruction are impracticable) should overcome these objections. Interesting reports on the value of the drug in immunization have been received from the medical officers of the U. S. S. *Tacoma* and *Ozark*, and Celli, Craig, and others have in recent contributions refuted such objections as have been advanced, and have granted to quinin its place as a permanent, very important, factor in malarial prevention.

FURUNCULOSIS.—Abundant testimony is brought by medical officers of the various cruising ships on tropical service to the reduced resistance of the skin to local infections after prolonged duty in the warmer climes. The 37 per cent increase over last year may be attributed to this factor.

A lowered general tone due to lack of proper liberty, shore exercise, recreation, etc., a condition frequently unavoidable in tropical ruising and not to be attributed to the Tropics but rather to crowded onditions in ship life aided by such climatic conditions, undoubtedly ontributes to the receptivity of the skin for such infections. The ausative agent is most frequently one of the staphylococcus group, ureus, albus, or citreus, always present and awaiting but lowered esistance to effect an entry. I am of the opinion that even given hese conditions, the incidence of such infections may be considerbly reduced or entirely abolished by the providing of sufficient team-laundering facilities aboard ship to handle all articles of the rew that might be exposed to contamination from the skin.

MENTAL DISEASES.—The admissions for these disorders show no hange from those of the preceding year.

910 rate per 1,000 of personnel	5.20
911 rate per 1,000 of personnel	4.25
912 rate per 1,000 of personnel	3.97
913 rate per 1,000 of personnel	4.11
914 rate per 1,000 of personnel	4.11

The occurrence of cases of mental disease in the service is comaratively slight; among a personnel of 67,141, admissions were 276, he fireroom force leading with 52 (4.26 per 1,000), marines 50 (5. er 1,000), and apprentice seamen 32 (14.10 per 1,000). The preention, detection, and care of the naval insane is not our main roblem in connection with this subject. The mentally unfit betrays imself by his inability to successfully cope with service conditions hat his comrades find usual and normal. As Passed Asst. Surg. I. E. Jenkins says, "such persons are unable to accustom themselves o their environment, which is frequently changing. They have ery little regard for discipline, not realizing that such a thing is bsolutely necessary for an efficient military organization. From heir comrades they receive considerable ridicule and as a result are reatly depressed. * * * They are a continual source of annoynce to their superiors, can not be trusted in performing duties vhere any ordinary ability is to be used, and are absolutely misfits."

Undoubtedly some few of the 276 admissions entered the service ntirely sound mentally, and from some stress or worry lost even heir normal balance. But the great majority must have entered he service with this bias already actually or potentially established. This subject was discussed in my last annual report, and the hope vas expressed that ultimately the subject would so crystallize that practical and efficient working method could be devised to eliminate hese undesirables on their first application for entry into the service. Interesting reports made to the bureau were published in the April, 1915, number of the United States Naval Medical Bulletin, from Drs. Sheehan, Thomas, Jenkins, and Schier. I am more inclined to believe that these hopes will be realized and that from observations already made, aided by further developments, a scientific classification according to mentality may be devised, which will be practical in its application, and economical in its time consumption, which will prevent the entry of these unfortunates into the service and incidentally eliminate the hitherto undetected defectives now in the ranks.

Such a procedure, the result of deliberation and tabulating of results by the Navy's experts in collaboration with the many others in civil life now showing an active interest in the subject, could be officially adopted as a test to be used routinely should time allow, and if the pressure of work at recruiting stations at times was hampered thereby, could be more thoroughly carried out on receiving ships or at training stations.

Such tests can, however, never become exact measures, or accurate instruments of precision, and even if the most rigid adherence to directions is given, the equation of the varying examiners will influence results. But the sum total must be improvement. The service may lose good men, but many men will be kept out whose acceptance would be detrimental.

The standing of a naval career as a calling is constantly being elevated, and with such progress and its universal recognition the standard of those applying for enlistment constantly improves and their numbers increase. By an appropriate coincident elevation of the requirements the personnel will automatically keep pace in better moral, mental, and physical advancement.

DROWNING.—Deaths from drowning number 42, an increase of 10 over 1913. These regrettable fatalities are almost all due to human carelessness, which no amount of the experience of centuries has been able to correct. There have been no extensive catastrophes to account for the 42 deaths; they are incidental to overconfidence in the small routines of boat handling, swimming, etc., and represent a loss that is more to be deplored and condemned because it is so absolutely unnecessary in the great majority of cases. We can not always prevent a few tubercle bacilli or pneumococci finding lodgment in one's air cells; we can not prevent a hostile missile from reaching some vital spot; but surely it is not within the province of modern conservation to allow any magnificent specimen of manhood to be swept overboard by some swinging boom, that a missing life line should mean a missing life, or that 7 feet of water should drown a 6-foot seaman.

Drowning took 42, tuberculosis 38, pneumonia 33, and gunshot injuries 30. Damage from drowning can not be entirely eliminated from a naval life; it is a natural hazard that must be discounted; but 42 is a toll entirely too large to be accepted as a normal minimum.

Continual reiteration of the necessity for the utmost care by those in authority and persistence in instruction of the personnel in swimming offer our only hope of reducing this loss.

GUNSHOT WOUNDS.—These were swelled in number from 67 in 1913 to 148 in 1914, 89 of the increase being due to casualties sustained in Mexico. This action was discussed in last year's report, coming as it did within the scope of the fiscal year 1914, but statistical tables of the injuries and deaths are embraced in this report. I have thought it advisable, considering the comparatively limited number of casualties and the permanent historical interest, to pass these names down to posterity and assure to these heroes and their families protection from the proverbial forgetfulness of a nation, by embodying here a list of names, injuries, and disposition of all cases:

Bass, Mitchell William. Seaman, U. S. S. *Utah*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Bates, Louis F. Seaman, U. S. S. *New Hampshire*. Wound, gunshot, lower limb. Disposition, to duty.

Bennett, John L. Coxswain, U. S. S. *New Jersey.* Wound, gun-
ot, unqualified. Transferred to U. S. S. *Solace.* Final disposition,
duty.

Benson, Levator. Seaman, U. S. S. *New Hampshire.* Wound,
nshot, lower limb. Disposition, to duty.

Bernstein, Arthur. Master-at-arms, U. S. S. *Chester.* Wound
nshot, upper limb. Disposition, to duty.

Biskup, Theofil V. Boatswain's mate, second class, U. S. S. *Min-*
sota. Wound, gunshot, unqualified. Transferred to U. S. S
lace, later to naval hospital, New York. Final disposition, to duty.

Boswell, Louis F. Chief gunner's mate, U. S. S. *Michigan.* Wound,
nshot, abdominal viscera. Died.

Bowden, Platte A. Ordinary seaman, U. S. S. *Chester.* Wound,
nshot, unqualified. Transferred to U. S. S. *Vermont,* later to
. S. S. *Solace.* Final disposition, to duty.

Boyle, Hugh A. Ordinary seaman, U. S. S. *South Carolina.*
ound, gunshot, upper limb. Transferred to U. S. S. *Solace,* later
naval hospital, New York. Final disposition, to duty.

Cahill, Patrick F. Seaman, U. S. S. *New Hampshire.* Wound,
nshot, lower limb. Transferred to naval hospital, Norfolk; diag-
sis changed to aneurysm. Disposition, to duty.

Calmes, Fred N. Ordinary seaman, U. S. S. *South Carolina.*
ound, gunshot, unqualified. Transferred to U. S. S. *Solace,* later
naval hospital, New York, thence to naval hospital, Norfolk.
nal disposition, to duty.

Cameron, Charles D. Ordinary seaman, U. S. S. *Florida.* Wound,
nshot, lower limb. Disposition, to duty.

Cantwell, Edwin J. Ordinary seaman, U. S. S. *New Hampshire.*
ound, gunshot, unqualified. Disposition, to duty.

Christy, Kirk. Seaman, U. S. S. *New Hampshire.* Wound, gun-
ot, unqualified. Transferred to U. S. S. *Solace.* Disposition, to
ty.

Clay, Solomon. Ordinary seaman, U. S. S. *Vermont.* Wound, gun-
ot, unqualified. Transferred to U. S. S. *Solace.* Disposition, to
ty.

Conrad, George H. Ordinary seaman, U. S. S. *New Hampshire.*
ound, gunshot, lower limb. Transferred to U. S. S. *Solace,* later to
aval hospital, New York. Final disposition, to duty.

Copeland, James H. Seaman, U. S. S. *Utah.* Wound, gunshot,
pper limb. Transferred to U. S. S. *Solace,* later to naval hospital,
ew York. Disposition, to duty. Readmitted on the receiving ship
t New York, transferred to naval hospital, New York. Final dis-
osition, invalided from service.

Craig, George G. Ordinary seaman, U. S. S. *Utah.* Wound, gun-
ot, lower limb. Disposition, to duty.

Davidson, George M. Private marine. Wound, gunshot, unqual-
ied. Transferred to U. S. S. *Solace.* Disposition, to duty.

De Fabbio, Gabriel A. Gunner's mate, third class, U. S. S. *New*
ersey. Wound, gunshot, abdominal viscera. Died.

De Lowery, Francis P. Seaman, U. S. S. *New Hampshire.* Wound,
unshot, neck. Died.

Devorick, Frank. Ordinary seaman, U. S. S. *South Carolina.*
Wound, gunshot, breast. Died.

Draine, George. Private, Marine Brigade. Wound, gunshot, abdominal viscera. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Ebel, August Gus. Private marine, U. S. S. *Utah*. Wound, gunshot, pleura. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Everett, Sidney J. Ordinary seaman, U. S. S. *South Carolina*. Wound, gunshot, lower limb. Disposition, to duty.

Firdth, Harry. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Fisher, Elzie C. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, brain. Died.

Fitzgerald, Michael. Sergeant, Marine Corps, U. S. S. *Utah*. Wound, gunshot, upper limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Fried, Louis O. Ordinary seaman, U. S. S. *Arkansas*. Wound, gunshot, brain. Died.

Frohlichstein, Esau H. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, brain. Died.

Geuske, Edward H. J. Ordinary seaman, U. S. S. *Minnesota*. Wound, gunshot, neck. Transferred to U. S. S. *Solace*, thence to naval hospital, New York, and later to naval hospital, Philadelphia. Final disposition, to duty.

Gilbert, John Adam. Seaman, U. S. S. *Utah*. Wound, gunshot, unqualified. Disposition, to duty.

Gisburne, Edward A. Electrician, third class, U. S. S. *Florida*. Wound, gunshot, lower limb. Transferred to naval hospital, New York, later to naval hospital, Chelsea. Disposition, to duty.

Grey, Eugene J. Ordinary seaman, U. S. S. *New Jersey*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, to duty.

Grissman, Alvin B. Seaman, U. S. S. *New Jersey*. Wound, intracranial injury. Disposition, to duty.

Guillmen, Clifford M. Ordinary seaman, U. S. S. *Arkansas*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*. Disposition, to duty.

Haggerty, Daniel A. Private marine, U. S. S. *Utah*. Wound, gunshot, abdominal viscera. Died.

Harris, John L. Seaman, U. S. S. *Minnesota*. Wound, gunshot lower limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Harshberger, Clarence Rex. Seaman, U. S. S. *Utah*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*. Died.

Hart, Robert G. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, lower limb. Disposition, to duty.

Hawk, Walter L. Boatswain's mate, first class, U. S. S. *Minnesota*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*. Disposition, to duty.

Hawkins, John W. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, unqualified. Disposition, to duty.

Holsinger, Harry E. Private marine, U. S. S. *Utah*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Jans, Ralph O. Seaman, U. S. S. *Minnesota.* Wound, gunshot,
wer limb. Transferred to U. S. S. *Solace.* Disposition, to duty.

Johns, Alvin H. Coal passer, U. S. S. *Chester.* Wound, gunshot,
wer limb. Disposition, to duty.

Kappler, Henry J. Ordinary seaman, U. S. S. *South Carolina.*
ound, gunshot, lower limb. Transferred to U. S. S. *Solace,* later to
aval hospital, New York. Disposition, invalided from service.

Keas, William O. Chief turret captain, U. S. S. *South Carolina.*
ound, gunshot, upper limb. Transferred to U. S. S. *Solace,* later
naval hospital, New York. Disposition, to duty.

Kimmel, Husband E. Lieutenant, U. S. S. *California.* Wound,
inshot, upper limb. Disposition, to duty.

Kinsman, George P. Ordinary seaman, U. S. S. *Vermont.* Wound,
inshot, lower limb. Transferred to U. S. S. *Solace,* later to naval
ospital, New York, thence to naval hospital, Chelsea. Final dispo-
tion, invalided from service.

Kwapich, Joseph L. `Seaman, U. S. S. *Utah.* Wound, gunshot,
pper limb. Transferred to U. S. S. *Solace,* later to naval hospital,
ew York. Disposition, invalided from service.

Lane, Dennis J. Seaman, U. S. S. *New Hampshire.* Wound, gun-
iot, brain. Died.

Lannon, James P. Lieutenant, U. S. S. *New Hampshire.* Wound,
inshot, lung. Transferred to U. S. S. *Prairie,* later to naval hospi-
il, New York. Final disposition, to duty.

Leahy, Charles J. Ordinary seaman, U. S. S. *Florida.* Wound,
inshot, lower limb. Disposition, to duty.

Lee, Robert E. Ordinary seaman, U. S. S. *Vermont.* Wound,
inshot, unqualified. Transferred to U. S. S. *Solace,* later to naval
ospital, New York. Disposition, to duty.

McCloy, John. Chief boatswain, U. S. S. *Florida.* Wound, gun-
iot, lower limb. Transferred to U. S. S. *Solace.* Disposition, to
uty.

McMillan, John. Private, Marine Brigade. Wound, gunshot, un-
ualified. Transferred to U. S. S. *Solace,* later to naval hospital,
ew York. Disposition, to duty.

Mangels, William H. Seaman, U. S. S. *Utah.* Wound, gunshot,
pper limb. Transferred to U. S. S. *Solace,* later to naval hospital,
ew York. Disposition, to duty.

Marten, Samuel. Private, Marine Brigade. Wound, gunshot,
rain. Died.

Nagornowski, Henry P. Private, Marine Brigade. Wound, gun-
hot, lower limb. Transferred to U. S. S. *Solace,* later to naval hos-
ital, New York. Disposition, to duty.

Nanz, Frederick. Ordinary seaman, U. S. S. *Utah.* Wound, gun-
hot, unqualified. Transferred to U. S. S. *Solace.* Disposition, to
luty.

Nickerson, Henry M. Boatswain's mate, second class, U. S. S.
Utah. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace,*
later to naval hospital, New York. Disposition, to duty.

Oliver, Charles L. Electrician, second class, U. S. S. *Prairie.*
Wound, gunshot, lower limb. Disposition, to duty.

Peoples, Jeremiah G. Private marine, U. S. S. *Utah*. Wound, gunshot, upper limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Percy, Rufus E. Private marine, U. S. S. *Utah*. Wound, gunshot, brain. Died.

Peterson, Edward P. Private, Marine Brigade. Wound, gunshot, upper limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Philips, Frank J. Ordinary seaman, U. S. S. *Arkansas*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*. Disposition, to duty.

Pindowski, William. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Place, John F. Seaman, U. S. S. *Florida*. Wound, gunshot, upper limb. Disposition, to duty.

Poinsett, George. Ordinary seaman, U. S. S. *Florida*. Wound, gunshot, brain. Died.

Pulliam, Henry. Fireman, first class, U. S. S. *Utah*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*. Died.

Reed, Harry J. Private, Marine Brigade. Wound, gunshot, upper limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Final disposition, invalided from service.

Rickerd, Elmer G. Electrician, first class, U. S. S. *Utah*. Wound, gunshot, upper limb. Disposition, to duty.

Robinson, Leon D. Seaman, U. S. S. *Vermont*. Wound, gunshot, unqualified. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Schultz, William R. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, upper limb. Disposition, to duty.

Schumacher, John F. Coxswain, U. S. S. *Florida*. Wound, gunshot, brain. Died.

Schwartz, Nathan. Ordinary seaman, U. S. S. *Florida*. Wound, gunshot, neck. Transferred to U. S. S. *Solace*. Disposition, to duty.

Shaker, Richard. Private, Marine Brigade. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*. Disposition, to duty.

Smith, Carl G. Seaman, U. S. S. *New Jersey*. Wound, gunshot, unqualified. Disposition, to duty.

Smith, Charles A. Ordinary seaman, U. S. S. *New Hampshire*. Wound, gunshot, lung. Died.

Soden, George John. Gunner's mate, second class, U. S. S. *Utah*. Wound, gunshot, upper limb. Transferred to U. S. S. *Solace*, later to naval hospital, New York. Disposition, to duty.

Stevens, Paul A. Ensign, U. S. S. *Minnesota*. Wound gunshot, unqualified. Transferred to U. S. S. *Solace*. Disposition, to duty.

Stream, Albin S. Ordinary seaman, U. S. S. *New Jersey*. Wound, gunshot, brain. Died.

Summerlin, Randolph. Private marine, U.S.S. *Vermont*. Wound, gunshot, lung. Died.

Taylor, Lester H. Seaman, U. S. S. *South Carolina*. Wound, gunshot, lower limb. Transferred to U. S. S. *Solace*. Disposition, to duty.

Vitaro, Tony. Seaman, U.S.S. *New Hampshire*. Wound, gunshot, lower limb. Disposition, to duty.

Walter, Edward C. Seaman, U. S. S. *Vermont.* Wound, gunshot,
nqualified. Transferred to U. S. S. *Solace.* Disposition, to duty.

Watson, Walter L. Ordinary seaman, U. S. S. *Arkansas.* Wound,
unshot, lung. Died.

Wilcox, Claude C. Seaman, U. S. S. *South Carolina.* Wound, gun-
hot, lower limb. Transferred to naval station, Key West. Disposi-
ion, to duty.

Wren, James Willie. Private marine, U. S. S. *Chester.* Wound,
unshot, unqualified. Disposition, to duty.

Wright, Edward G. Ordinary seaman, U. S. S. *New Hampshire.*
Vound, gunshot, unqualified. Transferred to U. S. S. *Solace*, later
o naval hospital, New York. Disposition, to duty.

Summary.

Injury.	Admitted.	Discharged.	Died.	Invalided from service.
ntracranial injury	1	1	......	......
unshot wounds:				
Abdominal viscera	4	1	3	......
Brain	9	......	9	......
Lower limb	28	25	1	2
Lung	1	1	3	......
Neck	3	2	1	......
Pleura	1	1	......	......
Upper limb	15	12	......	3
Unqualified	25	23	2	......
Total	90	66	19	5

A further clinical history of a number of these cases is contained in
he July, 1914, number of the United States Naval Medical Bulletin.

SANITARY CONDITIONS AND MEASURES AFLOAT.

Air conditions.—Ventilation problems are constantly with
ygienists and constructors despite all the ingenuity of the minds
ent upon relief from such imperfect conditions since the Phoenicians
rst passed out through the gates of Gibraltar.

In the crowded conditions necessary to the manning and equipping
f vessels of war, hygienic primal principles, such as are accepted
s indispensable in life ashore, practically never achieve full recogni-
ion. Overcrowding, extreme reduction of amount of air space per
erson, improper proportion of moisture, inappropriate placing of air
nlets and exits, over or underheating of the air, these are all faults
nd problems incident to the packing of 1,000 men in living quarters
hat theoretically should hold but 300. The Bureau of Construction
nd Repair is to be congratulated upon the results it has achieved;
know of no abler body of officers than those of that corps. Thanks
o their efforts the well-being of our enlisted men is more assured
o-day than in any other service. The gradual solving of our ever-
resent air problems will in time, I am sure, compensate for the
egrettable but necessary lack of space.

In our newer ships the combined heating and ventilating systems
ntail, with their greater economy and efficiency as regards the
uestion of heat supplied, at times an extreme reduction in amount
f contained moisture. This is of course only a problem during

those months demanding the addition of heat, but even in this comparatively small proportion of the year a very large amount of damage may be done to the respiratory tract, or through it to the system at large. There have been various methods devised for the addition of moisture to an overdry air supply, but few are adapted to ship life owing to cumbersomeness, etc. It is hoped that no effort at experimentation will be spared to secure relief from this condition.

Another and scarcely less important detail is that of proper placing of supply louvers, so that a warm air supply finds its entry at or near a floor level and cold at or near the overhead deck. The normal interchange of gases in which heated strata rise and cold fall, is a valuable natural adjunct in ventilation. With an overhead hot supply I have seen a constantly maintained difference of 15° between lower and higher air levels.

LITTER BEARERS.—A valuable suggestion for the solving of the problem of detail of litter bearers is made by Surgeon J. S. Taylor, United States Navy, on the *Rhode Island*. Such brief reports as are available from accounts of naval engagements in the present war have indicated the absolute necessity for a certain amount of knowledge of first-aid work among others of the crew than the hospital staff. Stretcher parties have had to act independently on occasions requiring initiative, and their assistance has been found necessary not only in application of primary dressings, but also in later actually assisting in operating-room procedures.

While the practice in our Navy involves assignments of a fairly fixed percentage for general quarters, no one class is contemplated. Surg. Taylor's suggestion calls for the automatic assignment of one of the less combatant ratings, such as bandsmen, to this billet. In this way first-aid instruction will not be wasted, as work left unfinished in one ship will be quickly taken up again on the next assignment.

This is discussed more at length in the July, 1915, number of the United States Naval Medical Bulletin, page 532.

ENGINE-ROOM CONDITIONS.—Speed and endurance runs are frequently held under the most undesirable conditions as regards the well-being of the personnel, such as in tropical waters, or immediately following the undesirable influence of a prolonged navy-yard overhaul. I believe that the first objection should be avoided by requiring all such tests to be held in northern waters and during the colder months.

The physical standards for enlistment as, or change of rating to, coal passer are too low to assure physiques that can stand not only the above strain, but also the arduous duties of a normal watch. The present regulations prescribe that, as a general rule, minors should not be recommended for the ratings of fireman and coal passer. I believe this should be amended with the following rigid minimum requirements: Age, 21; weight, 134 pounds; height, 67 inches, and chest expansion 2½ inches. Moreover, no marked disproportion of weight under or over height should be allowed.

BARRACKS DURING OVERHAUL PERIOD.—The following remarks of Surg. T. W. Richards in his report from the U. S. S. *Florida* have my heartiest approval. There can be no question that a battleship undergoing extensive repairs or reconstruction during the rigors of a northern winter is not a fit or safe habitation.

"The admirable practice of assigning the ships to a home yard for a general overhaul at annual intervals has had so many good results that I hesitate to make any criticism. Nevertheless I think that from a sanitary standpoint this will frequently prove the most unsatisfactory quarter of the year, particularly if the period happens to occur during cold weather. In the first place the ship can not be kept as clean as usual, and this has been well exemplified aboard this vessel during the past quarter. Special orders on this subject were issued by the commanding officer upon arrival at the yard. They were faithfully carried out by officers and men generally, and I am sure that the results were as good as it is possible to attain under the circumstances, but with the large force of workmen constantly on board littering the ship with the débris inevitably accompanying their occupation, ideal conditions were impossible. The work itself necessarily interferes with the habitability of the living quarters and the welfare of their occupants; hatches and ports are kept open, leading to drafts and exposure, systematic drills and exercise for the crew are quite impossible, and even so simple a sanitary measure as airing bedding frequently becomes impracticable. Such conditions I consider chiefly responsible for our outbreak of tonsillitis; cases became more and more frequent with the advent of cold weather and our continuance at the yard, and the disease was most prevalent by the end of the third month. Some such occurrence had been anticipated and such measures as boiling all hand and deck swabs at least once daily, cleansing spitkids scrupulously (they are kept half filled with phenol solution), punitive measures for all who offended sanitary regulations, and daily sterilization (by boiling) of the scuttle-butt mouthpieces, were rigidly enforced. Yet the physical condition of the ship's company, as a whole, is decidedly lower than it was three months ago and in many respects not so good as when the ship left Vera Cruz after a long stay in the Tropics. The ideal remedy for such conditions has been often pointed out by medical officers, and I cordially concur in the view that barracks ashore should be provided for the crews of vessels undergoing overhaul. From a sanitary standpoint there is everything in favor of such an arrangement, and I have no reason to believe that it would be objectionable on military grounds, but quite the contrary. If so, the question becomes one of economy rather than expediency, and I believe results would amply justify the expenditure."

RATION.—The Navy ration has been the subject of uniformly commendatory notices from medical officers on cruising ships. The comfort and contentment of the enlisted man depends probably more upon his ration than any one other condition, and even given crowded, uncomfortable quarters or uncongenial shipmates, the "sea-lawyer" will lose his audience in the presence of an efficient commissary staff.

A valuable improvement has been inaugurated recently by the Bureau of Supplies and Accounts with the advice of this bureau in the percentages of fresh and refrigerated meats.

For a former standard of 55 per cent beef, 20 per cent pork loins, 10 per cent sausages, 5 per cent veal, 5 per cent mutton, and 5 per cent fowl, the following has been substituted:

Not *less* than 60 per cent beef.

Not *more* than 15 per cent pork.

Not more than 10 per cent sausages.

Not more than 5 per cent veal.
Not more than 5 per cent mutton.
Not more than 5 per cent fowl.

When the cargo of a supply ship is intended for vessels in the Tropics the percentage of beef will be increased to 65 and of pork decreased to 10.

HOSPITAL SHIPS.—In time of war hospital ships are indispensable to the fleet, and in time of peace their value can not be adequately estimated. The sick and wounded on board ships in war or peace are not only a great handicap to the fighting efficiency of the ships but their chances of recovery and returning to duty are greatly lessened by the conditions by which they are surrounded, and men are thus often lost to the service, and the pension list swelled accordingly. The spirit and ardor of the fighting man are dampened by the presence on board of the sick, wounded, dead, and dying, who should be transferred as soon as practicable. For this purpose hospital and ambulance ships are necessary, and the Navy should always be provided with a sufficient number to meet the demands and should not wait until war actually comes before making the necessary provisions.

At the present time the *Solace* is the only hospital ship in the service that is seaworthy, and it is a converted merchant ship about 20 years old which continually needs repairs and is generally unsatisfactory. Being an old ship it does not meet the legal or modern structural requirements for safety at sea, and any accident like a collision or running aground would result most disastrously. While conditions aboard the *Solace* are much more favorable for the treatment of the sick than on other ships, in many respects it is unsatisfactory as a hospital ship and is expensive to run and keep in repair. This is due to the fact that, being built for merchant service 20 years ago, there are many structural features and defects particularly unsuitable for a hospital ship, which can not be remedied. The same can be said of any merchant ship that is to be converted into a hospital ship. The structural features are such that a satisfactory and economical arrangement of the wards, berthing spaces, operating rooms, laboratories, offices, etc., can not be made. The expense of converting them would be very great and they would be unsatisfactory after conversion, as it is more impracticable to make a satisfactory hospital ship out of a merchant ship than it is to make a modern up-to-date, economical hospital out of an ordinary dwelling, office building, hotel, or factory.

As the *Solace* is old, unsatisfactory, and will have to be replaced before long, a modern, up-to-date hospital ship should be built from the keel up, and a satisfactory one will not be obtained until this is done. In view of the great extent of our seacoast and the expansion and growth of our Navy, we should have one good hospital ship for each coast. These would be sufficient in time of peace and a good nucleus in time of war, when they would have to be augmented by ambulance ships or medical transports to meet the exigencies of the times. Many merchant ships are suitable for this latter purpose and would require few and inexpensive changes to adapt them for this temporary use, but would be unfit for hospital ships on account of the great expense and extensive changes necessary to convert them into permanent hospital ships, which in addition would be unsatisfactory and much more expensive to run than those built for the purpose.

The value of a hospital ship with the fleet is inestimable. In times past it has sometimes been necessary to detach battleships from the fleet to transfer patients to hospitals in the United States, and patients have often been transferred on small uncomfortable cruisers and gunboats, and even destroyers and colliers, upon which there were no medical officers to attend the sick. The discomforts to which patients have often been subjected on these vessels have at times been very great, and the efficiency and organization of the fleet have been interfered with by having to detach one or more of its units to act as ambulance ships. The hospital ship is especially valuable for removing and isolating all infectious diseases from the ships and preventing the spread of epidemics in the fleet, as a medical supply ship, as a base hospital for expeditionary forces, and for many other purposes. The lack of the facilities of a hospital ship on the Pacific was seriously felt during the activities along the coast of Mexico.

The necessity for hospital ships with the fleet has been fully demonstrated; it is inconceivable that the Navy should ever be without them again, and they should be the most modern, up-to-date, and economical that can be had. The bureau has prepared plans for the arrangement of the medical department of a hospital ship which have been submitted to the Bureau of Construction and Repair for the working out of the detailed and exact plans, adhering as far as practicable to this bureau's arrangement and estimation of cost. This has been worked out after careful study of Japanese hospital ships in the war with Russia, after much experience on the hospital ships *Solace* and *Relief*, and a careful study of the plans and descriptions of hospital ships of European countries used in the present war. It is thought that they will meet all the requirements of the service for many years.

In conclusion I would strongly urge that the Navy be provided with two hospital ships, and that in addition arrangements be made to purchase as needed the necessary number of merchant ships to be converted into and used as ambulance ships or medical transports in time of war or other national emergency.

SANITARY CONDITIONS AND MEASURES ASHORE.

NAVAL ACADEMY, ANNAPOLIS, MD.—The health of the station in general has been excellent. No changes in buildings and grounds, affecting sanitation, have been made since the last annual report. Little damage has been done by preventable diseases. A keen lookout has been kept for contagious and infectious diseases, and prompt quarantine restrictions have generally prevented their introduction within the limits of the Naval Academy.

The possibility of midshipmen acquiring tuberculosis from infected cows has been eliminated. The dairy has been kept up to its high standard under the supervision of the Bureau of Animal Industry. About 250 gallons of milk are supplied, to which may be attributed in part the improvement in physique, notably in the fourth class, which showed an average increase in weight during the first few months of 9 pounds, or more than a ton for the class.

The total number of admissions for all causes was 1,105, the daily average of patients 6.12. Of the diseases the greatest damage was due to gastro-intestinal complaints, which caused a total of 198 admissions to the sick list; of injuries, football accounted for 42 admissions and 4 readmissions.

NAVAL DISCIPLINARY BARRACKS, PORT ROYAL, S. C.—The health of the station has been excellent, as will be seen from the yearly percentage of sick—0.4. Several years ago both smallpox and malaria were very prevalent, the latter being common among the personnel. The former is seen rarely now, and malaria has decreased. The water supply is from an artesian well located about 1 mile from the station. It is pumped into a large tank from which it is distributed. The water is hard, but has been sufficient in amount, and repeated examinations have proved it to be of good quality. No incidence of disease during the year has been traced to the water as an etiologic factor.

NAVAL DISPENSARY, WASHINGTON, D. C.—Medical attendance furnished to officers and enlisted men on the active and retired lists and their families during the past fiscal year embraced 3,851 home calls and 1,661 dispensary treatments and consultations. Office consultations for the above classes, many employees and clerks of the Navy Department, and patients from miscellaneous sources numbered 6,374. More than 3,000 cases of disease of eye, ear, nose, or throat were given attention by the attending naval specialist. Dental treatments were 1,257, and prescriptions filled 12,681.

NAVAL HOSPITALS.

ANNAPOLIS, MD.—The year has been a most satisfactory one in every respect. Much has been accomplished in the care of the sick, promotion of esprit and efficiency among the medical staff, hospital corpsmen, nurses, and civilian employees, improvement of the condition of buildings and grounds, as well as maintenance of high standards of professional work, discipline, and hospital technic.

The objections repeatedly made to the swamp lying between the hospital and the river are as pertinent now as in previous years. The medical officer in command of the hospital has made estimates on the cost of filling, and finds this not to exceed $9,400. Lack of funds and labor have not permitted the taking of active steps to remedy this matter, which is objectionable not only from a sanitary standpoint but also from that of beauty and neatness.

CANACAO, P. I.—An excellent sanitary and hygienic condition is reported. In addition to the care of the naval personnel, 9,482 cases were treated in the native clinic. Numerous repairs and improvements were made during the year, such as repainting of buildings, construction of cement sidewalks, overhauling of ice plant, replacing of woodwork, etc. The latter suffers extremely from ravages of white ants. Leveling of the grounds by filling in the low spots with sand hauled from the beach has decreased materially the number of breeding places for mosquitoes. A new dock was built and a number of new drainage ditches constructed.

CHELSEA, MASS.—An interesting excerpt from the annual sanitary report of the medical officer in command on genito-urinary diseases was published in the July, 1915, Naval Medical Bulletin.

The following statement of one of the activities of the laboratory of interest, particularly in indicating its wide sphere of usefulness or neighboring institutions:

assermann reactions:

Portsmouth Naval Hospital	147
Portsmouth Naval Prison	368
Ships	274
Newport Naval Hospital (to June 9)	55
Chelsea Hospital	812
Total	1,656

Las Animas, Colo.—Mention was made on page 11 of this report f results and treatment in the care of the tuberculous in this hospital. his subject is gone into more fully in the above number of the nited States Naval Medical Bulletin.

The care of the naval establishment at Las Animas reflects great redit upon the medical officer in command. The multiplicity of the ares incident to such a position comprise not only the care of the ck and the development of all new suggestions for their relief, but lso farming, forestry, gardening, irrigation projects, as well as the sual care of buildings, plumbing, maintenance of discipline, etc.

Much credit is due to officers, hospital corpsmen, and civilian nployees for their zealous and intelligent endeavors in carrying on e routine work of the institution and the maintaining of high andards of efficiency.

Mare Island, Cal.—Overhauling of the old building known as I" ward, which was in progress at the last annual report, has been mpleted and has furnished acceptable accommodations for about patients and hospital corpsmen. The five new pavilion wards r permanent use as well as to provide for the expected arrival of the tlantic Fleet have been completed and are in use. Considerable dditional constructive and alterative work has been done, including stallation of new boilers, etc.

The commissary department has been experimenting with the afeteria system of messing convalescent patients and hospital orpsmen. The results achieved have seemed to justify the claims ade for it by various officers, both from convenience and satisfaction patients, and from the point of view of efficiency and economy. his is the subject of a special report in the July number of the ulletin.

Newport, R. I.—Suggested economies are discussed by the medical fficer in command:

Fuel cost for the year was $5,456.16, anthracite coal being supplied y a local dealer, price $7.65 per ton. This item might be reduced, robably to less than half, by obtaining soft coal from the coaling ation at Melville, where the Training Station obtains its supply, at cost, it is understood, of less than $3 per ton.

Electricity for lighting and power, supplied by the Bay State treet Railway Co., cost $3,102.22. A large saving might be effected y obtaining current from the Training Station plant, provided this ource is available; an underwater cable could be laid at small cost carry the current.

Rent of nurses' quarters cost $3,041.88. This sum would more han cover annual interest charges on the estimated cost of erecting quarters as planned at the hospital. Construction of this building would be to the interest of efficiency and economy; quartering the nurses at a distance has disadvantages, and the incidental cost and inconvenience of carriage to and from the hospital is considerable.

"Eternal vigilance is the price of economy in hospital maintenance and administration; a factor of efficiency more difficult to sustain than discipline or a high standard of professional proficiency."

NEW YORK, N. Y.—A number of more or less important improvements and repairs for sanitary reasons, for the maintenance of the property, and to further the comfort of the patients and the staff were made during the year. Among suggested improvements are the substitution of fuel oil for coal, in which an estimation of saving per year is between $2,000 and $3,000. By abandoning coal the coal shed could be used as a carpenter shop and for other purposes, thus releasing considerable valuable space in the south annex and elsewhere.

NORFOLK, VA.—Two thousand five hundred and seventy-six patients were treated in this hospital during the calendar year 1914. The daily average of patients was 255.80. Number of deaths, 20. Infectious diseases totaled 673 with 16,855 sick days.

The main building has 314 beds, 42 of which are occupied by the hospital staff, leaving a total of 272 available for patients. At the contagious camp there are 47 beds and 64 cots, of which 6 are occupied by the hospital staff, leaving a total of 105 beds for patients.

OLONGAPO, P. I.—The *Relief* still acts as hospital for the station, though the general condition of the woodwork is bad, and a considerable sum of money would be needed to replace this, even in part. On this account the sanitary condition of this vessel can not be called good. During the rainy season parts of the wards and living spaces are rendered uninhabitable. The yard dispensary has been removed from the yard to the *Relief* and a small building, conveniently located, has been fitted up as a laboratory, with an animal house added. The cost of upkeep for the medical department is high. During the year there were 10,154 sick days among the enlisted personnel, and 946 for supernumeraries, giving a total of 11,100 sick days with 3 deaths.

PORTSMOUTH, N. H.—This is the end of the first year in the new hospital. The building is one of the type adopted by the Bureau of Medicine and Surgery, which was fully described in the United States Naval Medical Bulletin of October, 1912. It is substantial, being of brick, and fireproof with the exception of its wooden flooring, doors, and wing staircases connecting wards. With its present equipment it has beds for 99 patients, which can be doubled in emergencies by using sun parlors, corridors, and special rooms. The necessity for improvement and expansion is demonstrated by the following figures: The total number of sick days for the year was 17,392, which gives an average of about 47+ sick per day. The figures for 1913 were 7,059 sick days and an average of 19+ sick per day.

PUGET SOUND, WASH.—Three new pavilion wards were erected in anticipation of the cruise of the Atlantic Fleet to the Pacific coast. Considerable additional construction as well as repair work was done, as well as careful attention to gardens, trees, walks, etc. The grounds are now in a very attractive state and reflect much credit upon the medical officer in command. The medical service comprised the

ual run of cases. Gastro-intestinal diseases, especially acute gas-
itis, and chronic appendicitis were unduly prominent. Respiratory
seases were comparatively infrequent. The medical officer in com-
and notes that locally pneumonia usually terminates by crisis in
om 24 to 72 hours, though no special etiology or treatment is to be
bserved.

Washington, D. C.—This hospital has attained its usual standard
excellence in work done, appearance of buildings and grounds, etc.
hanges and repairs of more or less major importance have been car-
ed out, including heating, lighting, commissary, and other items.
he facilities afforded for the treatment of disease and injury have
een excellent during the year. The sick officers' quarters have
ven great satisfaction and their separate maintenance have greatly
creased the general comfort of patients.

The United States Naval Medical School fills its valuable rôle of
ostgraduate instruction in military and naval medicine and surgery,
lvanced laboratory work, etc. In addition to the corps of instruc-
rs on duty, valuable lectures were delivered by prominent members
the Medical Reserve Corps of the Navy. Twenty graduates re-
ived diplomas at the closing exercises on April 15, 1915.

Yokohama, Japan.—The practice of purchasing material and
aving all repairs as far as practicable done by the hospital force has
een continued and has proved most satisfactory. The buildings are in
xcellent condition. No deaths occurred during the year. The treat-
ent of the officers of the Army and Navy and their families on leave
Japan, as well as the officers of the Navy and Marine Corps on duty
the embassy in Tokyo, has resulted in about 65 admissions. Though
is institution does very little hospital work, and its force is cut down
a minimum, it is a most useful adjunct to the treatment of sickness
eastern waters. If never used for anything but a convalescent
ome for the sick invalided to the United States, it would be worth
the Government much more than it now costs to maintain.

NAVAL STATIONS.

Guam, M. I.—The supply of fresh foods brought to the island comes
lmost entirely from the United States via Army transport and is
eceived once a month.

The amounts received are insufficient to meet the demand. Fresh
eef gave out entirely once during the year four days before the arrival
f the new supply. Chickens and fish last only until about the 15th
r 20th of the month and pork is usually exhausted before the end of
he month. Fresh vegetables and fruits, except potatoes, never last
hrough the month, and most are exhausted within 10 to 12 days after
hey arrive. Potatoes have given out several times during the year.

This condition results from lack of cold-storage capacity on the
rmy transports and in Guam. This lack of capacity is felt at times
n connection with the fresh meats, but it affects fresh vegetables and
ruits far more seriously, as it is impossible to keep these articles in
he quantities needed in a proper state of preservation, since there is
o space large enough provided with the proper temperature.

With the present transportation afforded, even if preservation were
perfect it would be impossible to bring a full month's supply of fresh

food to Guam. If the transportation were sufficient and a full month's supply could be brought to Guam in a perfect state of preservation, it could not be properly preserved for the month with the cold storage facilities at present available in Guam.

The work for the members of the Medical Corps is interesting and instructive, but requires close and constant application. The care of 12,000 natives, with the absence of any other medical practitioners, affords the naval medical officers opportunities and breadth of field hardly equaled at any other naval station.

The present arrangement (which bids fair to persist) of widely separated marine encampments has added greatly to the time consumed in and the difficulties of caring for the personnel of the Navy.

The senior of the medical officers on duty on the island is the head of the island health department and those junior to him are deputy health officers. All are now regularly appointed as island officials by the governor.

The effort to extend the influence of the health department and to bring it more intimately in touch with towns at a distance from Agana has further increased the labors of the medical officers.

The hospital is of a most satisfactory tropical type. The changes in Ward I which are under way will improve it greatly and place it upon an equal footing, as to comfort, with Ward II.

Deterioration of buildings has been slight except for the wire screening, and steps have been inaugurated for replacing this. A crack has developed in the cement basement wall of Ward II as the result of earthquakes, but it is not considered dangerous.

GUANTANAMO, CUBA.—This station still presents the problem of determining a satisfactory water supply. At present water is supplied from the town of Guantanamo, with the addition of a moderate amount from a few springs on the reservation. Water from Guantanamo is excellent but costs three-sixteenths of a cent per gallon, which price is prohibitive for garden use. There is no yield from artesian wells. The supply offered by the Yateras River is the most desirable from economic and hygienic viewpoints, but the distance (9 miles) renders it a military hazard.

The possible invasion of plague makes it imperative that thorough deratization should be the aim of commanding as well as medical officers.

KEY WEST, FLA.—This station includes an area of 49 acres (28 of these land), located on the western end of the island of the same name. Originally, in 1883, the navy yard comprised a much smaller area, but since then, by a series of six additions, it has been enlarged by purchases of what were formerly parts of the city. In view of the close proximity of the latter, its sanitary, health, and climatic conditions have a direct bearing on the health of the station. This is built upon a higher level than the city surrounding it, being about 9 to 12 feet above sea level. The bed rock is coral with a top soil of coral marl. The sanitary condition of the station is very good, and the health and physical well being of the personnel excellent.

OLONGAPÓ, P. I.—No disease in epidemic form has arisen. Varicella, in two native families, and a sporadic case of mumps now and then, constitute the acute infectious diseases. Malarial infection and dysentery, while prevalent in the native barrios and the town, give practically no trouble in the yard proper.

The mosquito and fly extermination demands a constant and unemitting watchfulness. The results, however, amply speak for hemselves.

The improvement in cleanliness and general betterment of condiions throughout the entire station is marked.

A plague-infected rat was the incentive for the inauguration of a at-catching campaign and over 250 rats were killed and examined rom all sections of the yard and station without finding another inected rodent. Rats are still sent in for examination.

An effort has been made toward the reduction of infant mortality y the selection, examination, and instruction of the native midwives vith very fair success. An encouraging decrease in umbilical and uerperal infection rapidly followed.

Pearl Harbor, Hawaii.—The general environment and climatic onditions of this station are for the most part very good. The winers are particularly healthful; the summers essentially tropical. The climate is rather unsuitable for practically all pulmonic condiions. Water supply, plumbing, and sewage disposal are excellent.

The naval hospital is not completely finished as regards a few final etails, and at present naval sick are being given the courtesy of the Army hospital, or the Queen's Hospital, Honolulu. The services iven by the Army hospital have been extremely efficacious and satisactory in every particular.

Tutuila, Samoa.—The problem of rat extermination is a serious nd difficult one. Not only are all buildings infested, but also neighoring villages and the plantations and bush throughout the island, nd the entry of a case of bubonic plague might entail frightful conequences. The Samoan Hospital for care of native sick has proved marked success. The free treatment and the work accomplished ave proved inducements enough for the natives to come without urther persuasion, and a marked change for the better as regards ealth conditions is noticeable among them. There have been no pidemics. The rigorous prosecution of the campaign against yaws as improved conditions very materially. In addition to the work lone at the hospital and outpatient work in Pago-Pago, branch disensaries have been established at Leone, Tutuila, and Tau, Manua, ach in charge of a hospital steward. These have done excellent work, njoy their details, and have the entire confidence of the natives.

NAVAL MEDICAL SUPPLY DEPOTS.

A statement of the three supply depots, New York, Mare Island, and Canacao, is made on page 94, giving number of requisitions filled and the value of the same. It is of interest, however, to note at ength from the report of the medical officer in command of the depot at New York the following list of activities: (*a*) Revision of filing and nventorying systems, the latter taken quarterly; (*b*) the organization and equipment of a chemical laboratory and testing department, for the insurance of purity of drugs and food products, and the maintenance of standards; (*c*) factory inspection of surgical instruments while in process of forging, tempering, and finishing (American manufacturers have been encouraged to produce steel instruments of high grade steel properly treated, and competition has been increased); (*d*) the preparation of specifications for the various textiles, such as sheeting, gauze, flannel, etc., used by the medical department in accordance with commercial practice; (e) establishment of severe analytical requirements for chloroform and ether for anesthetic uses; (f) the design of a first-aid pouch for aeronautical use. A dozen other lesser items are included in the report.

NAVAL TRAINING STATIONS.

Great Lakes, Ill.—The necessity for an efficient filtration plant is felt. The contamination of the lake water, which is the source of supply, by the large adjacent towns and cities gives at times an alarmingly high *B. coli* count. The present equipment is not inefficient but of inadequate size, as, owing to the marked turbidity of the raw water at times, clogging results, in which case it is often necessary to run the filters without cleaning for an undue length of time or to rake off the surface and break the filter film. In either case it is found that dangerous bacteria get through the filter and lodge in the mains.

Newport, R. I.—The average complement of officers and men for the past year has been 1,707 (previous year 1,430); the total sick days 2,633 (previous year 4,388). The total number of admissions and readmissions to the sick list was 1,487 (previous year 1,072). The number of admissions and readmissions for the period from January 1, 1914, to June 30, 1914, was 847; for the period from July 1, 1914, to December 31, 1914, was 640.

There were 26 cases of lobar pneumonia and 3 cases of bronchopneumonia during the year. This is an incidence rate of 11.1 per thousand. Pneumonia has not been seen in epidemic form in these barracks since 1912, three years ago. The appearance of this disease is sporadic, and the admissions for pneumonia, lobar and broncho, are separated by intervals of months. The spread of this disease is prevented in a large measure by the immediate transfer of the cases to the hospital as soon as diagnosis is confirmed.

Systematic instruction for the Hospital Corps was begun June 17, 1914, 15 hospital apprentices attending. August 1, 1914, the class numbered 57, and January 1, 1915, there were 114 hospital apprentices in the school. During the period from June 17 to December 31, 1914, 151 hospital apprentices were received at the school. The disposition of those who have left the school during the above time is as follows:

Change of rating to HA-1	2	Bad conduct discharge	4
Change of rating to OS	1	Transfers to hospitals	16
Purchased discharge	2	Transfers to ships	7
Deserted	3	Transfers to marine detachment	9

The methods used in teaching the members of the Hospital Corps seem to be satisfactory and, it is believed, when supplemented by further instruction at naval hospitals, will produce a corps qualified in every respect for the proper performance of its duties.

Norfolk, Va.—The senior medical officer is quoted as follows:

"The physical condition of this station is still poor. The desired changes have already been reported and are too extensive to be given here. However, considerable progress has been made during the past year to better the physical conditions here. The filling in the grounds has been continued, and consequently less of the ation is under water at high tide than formerly. The drainage and ving at main camp are nearly completed. The new building at tention camp is nearly ready for the roof. Repairs have also been ade to buildings of inner grounds.

"The climatic conditions for a naval training station here are favor- le and better than at Newport, Great Lakes, or Goat Island. e location is convenient and advantageous for the needs of the rvice. The use by the Navy of this training station and receiving ip in the past has been extensive, and it is very likely to increase. erefore I would recommend the abandonment of the past policy improving and repairing this place and that a modern training ation similar to Newport or Great Lakes be constructed on the ounds available here, or at some other place on the waters of Hamp- n Roads."

NAVY YARDS.

Boston, Mass.—The medical officer of the yard has shown a rticularly commendable activity in safeguarding the health of the rsonnel under his charge, not only by the ordinary medical care t by constant, unremitting attention to the small details of housing, ilet facilities, work places, sewage disposal, milk and food supply, imination of nuisances, etc. Such ideals are always the objects of edical officers on such duty, but rarely are they combined with the rsistence or the attainment of results without disturbance of har- ony. The publication of a sanitary bulletin has also been estab- shed, with the idea of conveying to the inhabitants of the yard ecessary data for the preservation of the best health of the indi- idual and the community, and to inform medical officers of visiting ips of noteworthy local conditions.

Charleston, S. C.—The medical officer of the yard is quoted as llows:

"The hospital reservation has been cleaned up and put in excel- nt shape. The bureau allotted $2,280 for this purpose, and has lso made a yearly allotment for upkeep. Other parts of the yard re not so well cared for, particularly the south end, where ditching nd clearing would materially lessen the breeding places for mos- uitoes and improve the general appearance."

The character of the water has been good, as well as the health of he personnel.

A transfer of 23 acres of the hospital reservation was made to he Marine Corps by the Bureau of Medicine and Surgery on May 0, 1915. About 33 acres of utilizable high ground are left available or hospital uses.

Mare Island, Cal.—The sanitary condition of this station has een excellent and the health of its personnel very good throughout he year. The communicable diseases have been few in number. here has been but one case of influenza and few cases of tonsillitis. he only exceptions to this general statement have been 10 cases f mumps, which developed at the Marine Barracks during March, pril, and May.

Streets and roads have been progressively improved, and incin- eration of garbage and refuse has been satisfactory. Flies and mosquitoes are numerous and troublesome in season, but were not of moment as disease carriers.

On October 15, 1914, the receiving ship was abolished in name, but practically its activities are largely continued in the old receiving ship buildings for the electrical school, yard craft, radio station, and other miscellaneous details.

The Naval Medical Supply Depot filled 302 requisitions, to the value of $49,516.48, during the calendar year. An unusual quantity of stores were issued to ships and to the Fourth Regiment of Marines, owing to partial mobilization on the west coast of Mexico. Many of the requisitions were filled in advance of the bureau's approval, authority for this having been received for articles on the supply table and not in excess of allowance. The regular medical stores assembled for the detachment of 900 marines for three months, aside from the field hospital outfit, were divided into three smaller equal units, with the idea of greater mobility in case of division of forces. This, as carried to completion in our present revised medical expeditionary outfit, is described on page 36.

New York, N. Y.—The general sanitary and health conditions for the year have been good. During January a few cases of diphtheria appeared among the crew of two of the battleships undergoing repairs at the yard. Precautionary measures were promptly taken and the disease was soon stamped out. No officer or yard employee contracted the disease, which was confined to the two ships. There was one case of diphtheria and one case of chicken-pox in the families of officers attached to the station, which were the only cases of contagious disease appearing. The usual precautions were taken to avoid the spread of these diseases. No typhoid fever has occurred either among the officers, their families, or yard employees for over two years, as far as can be learned.

From an average of 4,920 employees during the year the yard dispensary furnished aid to 3,226 cases of injury and illness, which is 1,126 more than were treated during the year previous. There were many visits to the homes of officers and families entitled to medical treatment outside the yard and numbers of prescriptions were filled at the dispensary. One hundred and ninety-four officers were examined preliminary to their annual exercise and 41 officers were examined at expiration of sick leave to determine their physical fitness for duty. Visits were made to the homes of retired officers and enlisted men to ascertain the cause of death. Visits were also made to the homes of yard employees to inquire into their physical condition as to their ability to return to their work.

Philadelphia, Pa.—A valuable conception of the duties of yard surgeons is expressed in the following words of the senior medical officer of this yard:

"The aim of the medical officers of the yard has been to secure a degree of efficiency of their division which would express something more than just "well enough" in accordance with the provisions of the United States Navy Regulations and Instructions and demonstrate the possibilities in navy-yard duty for a broadened field of usefulness to the service at large. Success in the ambition was dependent upon three recognized primal factors—an effective organization and daily administration of the medical division, even though small; a thorough knowledge of conditions in the yard and those outside which fluence local conditions; and a type of official intercourse which sures cordial relations and begets mutual confidence and coopera- on. The first two could be and were undertaken promptly as the asis, in the one case, of an ability to meet all possible demands and, the other case, for making practical recommendations in the interest health. That the third factor has obtained from the beginning is ridenced by the fact that the commandant has not only exhibited n understanding of and sympathy with the desires of the Medical epartment but has approved and done everything in his power to rther its efforts in sanitary and health matters. Indeed, the com- andant has done many things not the subject of recommendation y the medical officer which were of sanitary moment. In this onnection it may be said that effort has been made to keep advised the financial possibilities of the authorities of the yard as a guide recommending improvements, to so contrive that suggestions for eeting sanitary needs were practicable, and to submit information om day to day or as occasion required in such manner as to evince spirit of good faith and honest purpose.

“Amicable relations were established and have been maintained ith the Health Department of Philadelphia, and there has been a ciprocal exchange of service between them and us. Through them e have learned all of the important facts concerning health condi- ons and influences in the city and are able to keep in touch with rrent developments and changes—the prevalence of communicable iseases, the condition of the water, the milk and food supply—and to arn of plans for proposed improvements. On the other hand, we ave advised with them concerning their problems and offered many cceptable suggestions of both temporary and permanent nature oking toward an improvement in sanitary conditions in South hiladelphia adjacent to the navy yard. Indeed, the freedom and formality of this intercourse have added greatly to the effectiveness our work.”

WASHINGTON, D. C.—The sanitary condition of this navy yard has een good for the past year. There have been no epidemics. There ere 139 admissions and readmissions to the sick list, of whom 105 ere transferred to the hospital and 33 discharged to duty. There ere examined, treated, and recorded at the dispensary 2,151 injuries curred by the workmen of the gun factory, of whom 621 were exam- ed and certified to for return to work. Amongst the workmen there ere 52 cases of illness examined and recorded. There were 679 hysical examinations made of recruits and for reenlistments in the avy and Marine Corps, of whom 421 were rejected. There were 371 hysical examinations made for the civil service.

MARINE DETACHMENT, LEGATION GUARD, PEKING, CHINA.—The eneral health of this station has been excellent. The men are in- tructed in the Swedish system of physical exercises one hour daily, ith bimonthly marches of from 8 to 10 miles, and the usual outdoor ames in season. All meat used is bought on the hoof, killed in the etachment abattoir, and cooled. A new building was erected during he summer in the corral, consisting of storerooms, abattoir, refrigera- or, and quarters for the mounted detachment. The rifle range, bout 2 miles east of Peking, is used during the summer months, each company spending one month in the camp established there. A hospital corpsman is in constant attendance. The sanitary conditions there are excellent, all drinking water being hauled out in barrels from the distilling plant. One case of bacillary and six cases of amebic dysentery occurred, as well as two cases of typhus, with one death.

SANITARY CONDITIONS AND MEASURES IN GENERAL.

This report is written at the end of the first year of the greatest war in the history of the world. New problems, new methods, and new conditions are constantly being met in military and naval tactics, equipment, epidemiology, hygiene, etc. Among conditions afloat that deserve careful attention and that are being studied in this bureau are the following:

(a) Hospital ships and medical transports or ambulance ships.—It is of interest that these vessels in their equipment and operation have filled the field prophesied for them. Their use with strictly naval engagements has not as yet been of note, owing to lack of such actions of any magnitude. Acting in conjunction with land operations, however, their use has been exceedingly noteworthy in the attack of the Allies on the Gallipoli Peninsula and of medical transports in service in the English Channel.

(b) Battle dressing stations.—There has been no indication as yet for any deviation from the present plans and equipment.

(c) Air conditions in submarines.—This is the most radical development from the purely naval standpoint, and is being closely followed by the Navy's experts in this line.

(d) Naval mortality.—The very high incidence of deaths and almost negligible number of wounded as compared to those incurred in land fighting is noted in all the naval engagements. The vessel with inferior metal, speed, or marksmanship inflicts little damage on its opponent and suffers itself total extinction, with loss of practically all hands, as in the engagements off Coronel and the Falkland Islands, the loss of the *Blücher*, etc.

The latest British figures of relative naval and military losses [1] are as follows:

Service.	Killed.	Wounded.	Ratio of killed to wounded.
Army	61,384	196,620	1 : 3.2
Navy	7,929	874	9 : 1

(e) Among items of essentially medico-military nature, but also of application to the other service, are the prevalence and combating of epidemic diseases, notably typhus and cholera, the incidence of tetanus, acute emphysematous gangrene, frostbite, the pulmonary conditions following the inhalation of irritant gases, and the hygienic and sanitary problems of trench life, prison camps, etc. First-aid dressings have been, are, and probably always will be the subject of prolific discussion and change. Iodin for immediate application, universally accepted at beginning of hostilities, came much into disfavor soon thereafter coincidentally with the large number of cases of tetanus, malignant edema, and sepsis, almost necessary concomitants with the trench fighting and extensive lacerated nature of many of the wounds. It is, however, coming into its own again in popular favor, although much attention is being paid to the development of antiseptics in a base of oils or pastes for injections into or applications on the larger wounds.

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[1] British Medical Journal, July 31, 1915.

(f) In connection with these, the multifarious types of wounds and missiles, weapons, gases, etc., are of interest, and the latter show a remarkable combination of the knowledge of the ancients with the ingenuity of the modern inventor.

Data on these topics are but imperfectly and unofficially at hand, and observations and results can best be held for correlation and evaluation till the end of hostilities.

Certain scientific problems have engaged the interest of the bureau during the past year, and medical officers who have had the opportunity have contributed to an advancement of the understanding and solution of these problems. Passed Asst. Surg. G. R. W. French as a member of the board for the investigation of deep diving has submitted interesting observations which have been printed in the Naval Medical Bulletin. The work done by this board has made it possible to accomplish the deepest dives that have been made in the history of deep diving in connection with the salvage of the submarine *F-4*.

During the year several medical officers have continued their interest in the subject of intelligence tests, and in April a symposium by Passed Asst. Surgs. Sheehan, Thomas, and Jenkins and Acting Asst. Surg. Schier was published in the Naval Medical Bulletin. Their investigations have added to the scientific progress of this subject. During the year medical officers have continued their interest in the hygiene of submarines, and valuable material has not only been collected with regard to deleterious gases, air supply, and air purification, but also in connection with the hygiene of the personnel. The bureau is also encouraging medical officers to undertake a more extensive study of the subject of aviation, not only as affects the physical qualifications of fliers, but also with regard to those mysterious and unexplainable mental conditions and even loss of consciousness which are reported from some sources and which seem to have a bearing on accidents not otherwise explained.

CLOSING DAYS AT VERA CRUZ.—Although the Army took over the major part of the work of occupation of the city on May 1, 1914, the First Brigade, United States Marine Corps, remained until the final evacuation. During the last four months the original strength of 3,200 gradually decreased, owing to transfers, discharges by expiration of enlistment, invalidism, etc., until at the time of embarkation, November 23, there were approximately 2,600 men.

The sick and wounded of the brigade were at first sent to the *Solace* until her departure compelled the opening of the field hospital, May 4. When this was closed, September 24, the *Solace* again took up the work, and until October 30, her final departure, was used for the seriously sick of the brigade.

The field hospital was opened in a small schoolhouse, Avenida Bravo, No. 59. The total number of days in commission was 143.

During this time 379 patients were treated, a daily average of 31.5, and 66 major and 41 minor operations were performed.

In another part of this report I have included a detailed list of killed and wounded during the taking of the city.

MEDICAL EXPEDITIONARY OUTFIT.—The bureau has been aware for some time that the two medical outfits which it has used for many years with expeditionary forces—a field outfit for landing parties from ships and a larger outfit for use with a force of marines—were inadequate in several respects. While these outfits were fairly satisfactory in the field so long as the expeditionary force acted as a unit in one place, the supplies were not arranged and packed so that they could readily be split and thus provide sufficiently for the component units of the expeditionary force when divided and operating separately, a contingency frequently arising when such a force is in the field. The primary necessity in a revision of the outfit was, therefore, to correct this lack of coordination and to supply one standard expeditionary medical outfit readily divisible into the relative military units constituting an expeditionary force.

The bureau hesitated to undertake the revision of these outfits until practical experience in the field with at least a brigade of marines had been gained, and, if possible, that this experience should take place in conjunction and cooperation with the Medical Department of the Army.

All these conditions presented themselves when Vera Cruz was occupied jointly by the forces of the Army and Navy. The brigade surgeon with the marines was, therefore, given special instructions to collect data for establishing a standard expeditionary outfit. The experience gained at Vera Cruz was valuable and advantage was taken thereof to revise the expeditionary outfits, which revision has now been completed and the new outfits assembled. It is believed that the revised outfit will fulfill all requirements.

Five regimental and two field hospital outfits have been provided for and will be stored as follows: Two regimental and one field hospital outfits at the navy yard, Philadelphia, Pa.; two regimental and one field hospital outfits at the marine depot, San Francisco, Cal.; and one regimental outfit at the supply depot, Brooklyn, N. Y. The expeditionary medical outfits at Philadelphia and San Francisco, with certain supplies provided the Medical Department by the Quartermaster's Department of the Marine Corps, will be forwarded automatically with the expeditionary force when ordered into service, and the size of the force will also automatically determine the requisite medical outfit—i. e., a regimental outfit for a regiment of marines, and, if more than a regiment, the field hospital outfit with as many regimental outfits as there are regiments in the brigade.

The outfit provides, first, for the individual, second, for the company, third, for the regiment, fourth, for the brigade. The regimental outfit is provided for on the basis of two battalions of three companies each, and should the regiment be so divided its medical equipment is split likewise into battalion and company units.

When a regiment is part of a brigade with other regiments, a field hospital is established; when the regiment is acting separately a regimental infirmary, provided for in the regimental outfit, is established.

Sufficient accessory medical stores are supplied each regiment for e in case of detention in a semipermanent camp before the field of tion is reached, thus insuring that the field units will not be de- eted en route.

These outfits will be kept intact and complete; will be frequently spected and ready for issue at any time.

A small pamphlet giving the contents of these outfits in detail, ith instructions for the medical officers ordered to accompany the pedition, is being printed as an addendum to the Supply Table of the edical Department.

PUBLICATIONS.—The Bureau of Medicine and Surgery has issued the last year The Manual for the Medical Department of the nited States Navy, 1914. This is an elaborate revision, or rather writing, of The Instructions for Medical Officers, 1909. The reau has also issued a new supply table and requisition Form B, d has practically completed a new Drill Book for the Hospital orps, United States Navy. The quarterly issues of the Naval edical Bulletin have appeared as usual and have included numerous luable professional and topographical contributions. The advan- ge of the Bulletin as a repository for such information is daily ore apparent, as the value of the material depends upon its avail- bility in time of need. As a medium for the publication to the serv- e of extracts from annual sanitary reports it is of great use. I gret that a policy was not established from the first of keeping a rmanent bound file of the Bulletins on each ship and station. this bureau it is constantly used for reference, and while this reau has now no way of furnishing back volumes, it will very gladly nd for the ship's libraries current volumes, if the full year's num- ers are returned with that request.

MEDICAL SUPPLIES.—Recommendation has been made in the nual estimates with a view to securing a reserve supply of medical ores by an increase in the annual requisitions for a period of several ears. There is no reserve supply of medical stores, and the impor- nce of such a supply—always a military necessity—has been pecially apparent during the last few years. The stock of surgical struments, surgical appliances, dressings, dispensary furniture, edicines, etc., at the three naval medical supply depots is not ow and never has been in excess of the usual and ordinary service emands, and the original medical outfits for expeditions, such as hose to Nicaragua, Mexico, and Haiti, have been secured only by e depletion of the stock of medical supplies at the main depot nd by quick purchases of supplies not in stock.

Surgical instruments are manufactured principally abroad. The resent American output of instruments is estimated to be not more han 10 per cent of the domestic demand, and it is therefore especially portant to secure now a supply of instruments to hold in reserve r an emergency.

In order to provide for the reserve supply of medical stores and purchase the supplies for issue during the ensuing fiscal year a aterial increase will be required in the bureau's appropriation, 'Medical Department." All medical supplies are constantly advanc- g in cost, due to the disturbed market conditions in Europe. Abso- tely necessary supplies have advanced, in some instances, as much s from 200 to 1,200 per cent since the outbreak of the war. Some are not now procurable at any price and others only at infrequent intervals. The details of cost and the necessity for a larger supply appropriation have been furnished the department in connection with the estimates for the fiscal year 1917.

IDENTIFICATION TAGS.—Opportunity is taken here to reiterate the recommendation frequently made from this bureau in the past for the adoption of identification tags to be worn universally by all officers and men of the naval service. This measure would be necessarily taken in time of war in order to provide for conditions embraced in paragraphs 3 and 4 of the Geneva Convention, 1906, but occasions may and do arise even in peace times that indicate the value of a means of identification which will resist the ordinary ravages of decay. The ordinary hazards of naval life in peace times embrace not only such menaces as submarine cruising, but also drowning from the usual causes, as well as deaths from combustion, as in turret or aeroplane accidents or prolonged exposure to steam, as experienced unfortunately in fireroom or engine-room casualties, any one of which may so disfigure as to render identification difficult if not impossible.

In adopting such a procedure now, not only will humanitarian needs be satisfied, but a perfecting of another detail of organization will be accomplished which would otherwise necessarily be undertaken at a time when it could be least accorded the proper attention.

PERSONNEL.

MEDICAL CORPS.—During the year ended June 30, 1915, 24 medical officers were admitted to the corps. The loss by retirement or resignation was 8, leaving a total strength of the corps on the above date of 327. The vacancies now number 20. In making up the last class for the Naval Medical School 100 permits were issued. Of this number, 36 successfully passed the preliminary physical and professional examinations; one of the candidates after successfully passing requested to be placed on the inactive list and not be considered as a candidate for the school. Of those who failed, 33 failed physically and 15 professionally, 15 failed to appear, and 1 withdrew. At the final examination held after the course at the Naval Medical School, 20 successfully passed and were commissioned assistant surgeons in the Medical Corps.

The activities of the Medical Corps during the past year have been increased to a considerable extent. Operations in the Gulf necessitated a larger number of ships in commission; five regiments of marines were equipped for expeditionary work. The shortage of medical officers has been seriously felt in some of our hospitals, and the department has been obliged to discontinue the services of medical officers on special detail with educational institutions. During the past year there has been a tendency to greatly increase the duties of the Medical Corps in connection with the civilian establishment. Work in connection with civil-service examinations for civilian employees at navy yards has at some places consumed the whole time of one medical officer. In addition to this work in connection with the physical examination under the Civil Service, the department's interest in the employer's liability act has increased the duties and responsibilities of the medical officers to a considerable xtent. As there are something over 20,000 civilian employees, an dea may be received of the increased amount of this work involving eports and records, some of which are by no means simple.

In my report of last year I had occasion to say that the present size f the corps is entirely inadequate for service requirements, and should e increased for a peace-time basis. The work of obtaining addiional medical officers is a slow and a tedious process. During the ast 12 years the annual number of graduates in medicine within the Jnited States has been rapidly decreasing. The increasing requireaents in the various States and by the higher-class medical schools aake it impossible for the average student to graduate in medicine auch before his 25th year; his 26th year, if he takes a year of hositial work. The average age of applicants for the Medical Corps of he Navy is 27 years. As the applicant must take a course at the Javal Medical School lasting 6 months, the average age of entrance o the Medical Corps is 27½ years; the maximum age limit is 0 years, but the candidate must be under 30 years of age at the ime he graduates from the Naval Medical School. It may thus be een that we are working within very narrow age limits. Every ffort is made to get qualified men to take the examination by informg recent graduates and hospital internes of the requirements and he advantages of the Naval Medical Corps.

I recommend that the present corps be increased by 150 medical fficers, and that provisions for this increase be made by the appointaent each calendar year of not more than 25 assistant surgeons, in ddition to those necessary to fill vacancies.

Medical Reserve Corps.—During the year, owing to the shortge of medical officers, it has been necessary to continue the services f certain officers of the Medical Reserve Corps. The total number f officers in this corps on the 30th day of June, 1915, numbered 93. The bureau is at present studying a plan to increase the efficiency of his corps in time of stress, so that it may meet the conditions peculiar o the naval medical service. Valuable assistance in certain specialies has been rendered by members of this corps at some of our naval ospitals, and they have manifested a desire to establish professional elations with the regular officers on active service and to improve heir knowledge of naval conditions that their services may be of reater value should they be called into active service.

Dental Corps.—There are at present 31 dental officers employed n active duty, including the dental surgeon at the Naval Acadmy. There are three vacancies in the Dental Corps. Thirteen lental officers are serving on a sea-duty status, but a considerable mount of the work is done and must continue to be done on shore t training stations, marine rendezvous, and the larger navy yards and tations. The small number of dental officers allowed will not pernit their services to be available to all of the service. The smaller aval stations, both at home and abroad, can not be provided with lental officers. Statistical reports of work done are only available or one-half of the year 1914, and subsequent reports indicate that the olume of work is steadily increasing.

Hospital Corps.—There were 24 pharmacists and chief pharmacists on June 30, 1915. I wish to invite again the greatest consideration to the often-repeated recommendation for an increase in the total number of chief pharmacists and pharmacists, the demand for whose services is becoming more evident and imperative. There are numerous stations absolutely requiring the services of these warrant officers, upon whom can be placed greater dependence and responsibility in safeguarding valuable public property and saving unnecessary expenditure and waste. At present hospital stewards who are less qualified to perform the duties are of necessity assigned to these places to carry on the work. The assignment of pharmacists to duty in connection with the commissary department of hospitals is now an established policy and is proving most satisfactory and economical. With the increase of clerical work in connection with the service records, conduct reports, etc., of the enlisted men, formerly taken up by the receiving ship and now turned over to the hospitals, the duties of the pharmacist and clerical force of our hospitals have been greatly augmented. To attend to this work an additional hospital steward has been assigned to almost every hospital, and when the services of a pharmacist are not at hand greatest inconvenience and delay occurs.

At navy yards where the work in connection with civilian employees has become very extensive and laborious, and at medical supply depots, the services of pharmacists are urgently required. There have been no pharmacists available for the former duty. At least 50 are required to carry out the work required by the department and this bureau, and to properly safeguard the property of the Government.

The work of the Hospital Corps continues to be such as to give great satisfaction. On June 30, 1915, there was a total of 1,584 men in the corps, divided into 335 hospital stewards, 658 hospital apprentices, first class, and 591 hospital apprentices. Attention, however, is invited to the fact that the present number of hospital corpsmen is entirely inadequate to meet the demands of the service. In this particular must be considered the service rendered for the personnel of the Navy and Marine Corps, and the thousands of civilian employees at navy yards and stations. Additional hospital corpsmen have had to be assigned as assistants to dental officers. The opening of new stations, reopening of old stations, the commissioning of new ships, the recommissioning of old ships, the assignment to Marine regiments, have enlarged the demand for hospital corpsmen. The appointment of 47 hospital stewards was made necessary by this demand.

The Hospital Corps should constitute 3 per cent of the total enlisted personnel of the Navy. This total, however, should include the number of enlisted men in the Marine Corps and the number of Navy and Marine officers. On June 30, 1915, there were but 1,584 hospital corpsmen, or practically 3 per cent of the total enlisted personnel of the Navy alone. There should be 1,983 hospital corpsmen, or 3 per cent of all within the service.

The 335 hospital stewards, particularly those assigned to independent duty on board destroyers and other small ships where there is no medical officer, have performed their work in a most gratifying way. It has become necessary to assign to every destroyer, whether in reserve or in active duty, a hospital steward, as these ships are frequently going to sea and accidents occur on board. The hospital steward on many of these boats acts also as the mail orderly and the commissary steward. Great care has been taken to recommend for appointment only those men who show adequate qualifications for the rating, and in reviewing the examination papers it has become more and more evident that the intermediate ratings between hospital apprentice, first class, and hospital steward are urgently needed.

The number of hospital apprentices first class has increased during the past year, due in part to the promotion of men subsequent to instruction at the Hospital Corps Training School, Newport, R. I. The reenlistments in this rating are very few, and should be encouraged by offering something in the way of increased ratings subsequent to reenlistment.

It is felt that a great advance has been made in the training of hospital apprentices by the establishment last year of a training school for the Hospital Corps at Newport, and at San Francisco early in February of this year. Newly enlisted hospital apprentices are sent to these schools after a few weeks in the apprentice seamen's brigade and are immediately placed under a period of six months' instruction. Following this instruction they are sent to hospitals for practical bedside instruction and later are assigned to seagoing ships. There were on June 30, 1915, under instruction 159 men.

Because of the increasing demand for trained men, and retention of those already trained by the service, the need for additional hospital corpsmen properly to man the stations of the service, the need for encouragement and advancement which must be offered these men to retain them, I feel it one of my duties to urge that means be taken to obtain the establishment of the two intermediate ratings of first and second class petty officers in order to obtain greater proficiency of men in the lower ratings, and in the rating of hospital steward, thereby increasing the general efficiency of the Hospital Corps and indirectly the Medical Department; that the total number of hospital corpsmen be increased to man properly the service stations for the care of the sick, which include the enlisted personnel and officers of the Navy and the personnel and officers of the Marine Corps, and to meet the demand made by the work in connection with the civilian employees at navy yards and stations; and that legislation be obtained increasing the number of chief pharmacists and pharmacists to at least 50.

NURSE CORPS.—During the year 40 nurses have been appointed and 27 have left the corps. Of this number, 12 received honorable discharges, having completed the period for which they were appointed. The majority of those who have been honorably discharged are carried on the "reserve nurse list" and are available for service should they be needed.

Seven nurses have successfully passed the required examination for promotion to the grade of chief nurse and have had their names placed on the eligible list for promotion.

The various duties assigned to the nurses have continued along the lines designated by the bureau when the corps was established in 1908. Results have proved that the nurses have made earnest and successful efforts to incorporate in their field of work the high standard of efficiency desired for the entire service.

The work in Guam continues to increase and additional nurses have been required for the various activities in the nursing work. The instruction given to the native women includes other teaching than the actual care of the sick, and the two years of training means two years additional schooling in all the elementary branches.

The training school for native women in Samoa, although a comparatively recent venture, has been encouragingly successful. The pupils have increased, and additional nurses have been sent to the station to meet this demand.

W. C. Braisted.

STATISTICS.

PREFACE.

TABLE 1.—*Detailed statement of disease and injury.*

(*a*) This table gives an alphabetical list of diseases and injuries showing the method f admitting and disposing of all cases of the force afloat (FA), at stations and yards SY), at United States naval hospitals (H), and a summary with comparative data or 10 previous years.

(*b*) The class number (roman numerals) refers to the classification of the Navy omenclature as follows:

I. Diseases of blood.
II. Diseases of circulatory system.
III. Diseases of digestive system.
IV. Diseases of ductless glands and spleen.
V. Diseases of ear.
VI. Diseases of eye and adnexa.
VII. Diseases of genito-urinary system (nonvenereal).
VIII. Diseases of infective type (nonvenereal).
IX. Diseases of infective type (venereal).
X. Diseases of lymphatic system.
XI. Diseases of mind.
XII. Diseases of motor system.
XIII. Diseases of nervous system.
XIV. Diseases of respiratory system.
XV. Diseases of skin, hair, and nails.
XVI. Hernias.
XVII. Miscellaneous diseases and conditions.
XVIII. Parasites (fungi and certain animal parasites).
XIX. Tumors.
XX. Injuries (wounds, etc.).
XXI. Poisons.

(*c*) The international number refers to the classification of diseases and injuries prepared by the International Commission (Paris, July 1 to 3, 1909).

(*d*) In the case of wounds, etc., and poisons, key letters immediately following the itle (e. g., Abrasion, unqualified "G") are given for classification of the cause of such injury, and are interpreted as follows:

A. Suicidal.
B. Homicidal.
C. Conflagration. Includes all injuries incident to general conflagration. Burns otherwise received are not classed hereunder.
D. Accidental drowning or submersion.
E. Traumatism by firearms, accidental. To include all injuries caused by the projectile, the blast from great guns, or from the piece when fired.
F. Traumatism by explosion. To include powder, gas, compressed air, or steam explosions; also the explosion of a gun.
G. Traumatism by fall.
H. Traumatism by machines.
I. Traumatism by other crushing.
J. Traumatism due to athletic sports.
K. Casualty in action.
L. Traumatism due to other external violence not classified above.

TABLE 2.—*Table of diseases and injuries among occupational groups.*

This table shows the average complement in each group according to occupation, the number of admissions, deaths, invalided from service, sick days, and damage for each class of disability, together with a total of admissions, deaths, suicides, invalided from service, sick days, damage, and the rates per 1,000 for each occupational group.

TABLE 3.—*Casualties in the Navy and Marine Corps.*

This table is a summary of deaths, showing the cause, number, and the distribution among the officers and men.

TABLE 4.—*Discharges from the Navy and Marine Corps by reason of physical disability.*

This table is a summary of those invalided from the service or retired on account of physical disability, showing the disability, number, and the distribution among the officers and men.

NOTE.—The above four tables comprise the active service regardless of place or character of disability.

TABLE 5.—*Summary of dental work performed.*

TABLE 6.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1915.*

TABLE 7.—*Statement of the activities of naval medical supply depots.*

TABLE 8.—*Statement of the naval hospital fund.*

TABLE No. 1.—DETAILED STATEMENT OF DISEASES AND INJURIES FOR THE CALENDAR YEAR 1914.

NOTE.—To find the total for any one diagnosis add together FA (force afloat), SY (stations and yards), and H (hospitals).

Diagnosis.	Place.	Taken up as—			Disposition.							Number of sick days this year.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Died.	Invalided from service.	Ran.	Transferred.	Continued to next year.	
DISEASES.												
Abscess about rectum (Class III, Inter. 110B).	FA	2	64	10	50					26		321
	SY		14	3	10					7		123
	H	4	10	31	32	5			1		7	1,281
Abscess about urethra (Class VII, Inter. 125).	FA		7	2	4					4	1	89
	H			3	1			1		1		158
Abscess, endamebic, liver, (Class XVIII, Inter. 115).	FA		2	1						3		23
	SY		1	2	1			1		1		50
	H	1		7	3	3				2		353
Abscess of axilla (Class X, Inter. 84).	FA	1	33	9	35					8		293
	SY	1	13	1	11					4		177
	H	1	1	11	11						2	419
Abscess of brain (Class XIII, Inter. 60).	FA		1							1		0
	H		2	2		1	3					22
Abscess of Cowper's gland (Class VII, Inter. 127).	FA		1		1							10
Abscess of eye and adnexa (Class VI, Inter. 75C).	FA		3	1	2					2		29
	SY		1		1							2
	H			2	2							59
Abscess of kidney (Class VII, Inter. 122).	H			3		2					1	301
Abscess of kidney, perinephritic (Class VII, Inter. 122).	FA	1	2	3	1	1				4		83
	H	1	1	5	3	2				2		353
Abscess of liver (Class III, Inter. 115).	H		1				1					0
Abscess of lung (Class XIV, Inter. 98).	SY		2							2		49
	H		2	1	1	1	1					141
Abscess of lymph node (Class X, Inter. 84).	FA		29	4	22	2				8	1	565
	SY		13	1	9					5		126
	H		1	11	8	2					2	405
Abscess of omentum (Class III, Inter. 117).	H		1				1					0
Abscess of pharynx (Class III, Inter. 100).	FA		4		3					1		26
	SY		1		1							4
	H			1	1							13
Abscess of prostate gland (Class VII, Inter. 126).	FA		4	2	1					5		54
	H		4	5	6	1					2	259
Abscess of salivary gland (Class III, Inter. 99B).	FA		1							1		1
	SY			1	1							8
	H	2			1	1						5
Abscess of scrotum (Class VII, Inter. 127).	FA		9	1	8					2		28
	SY		2		2							32
	H		1	2	3							156

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Abscess, subphrenic (Class III, Inter. 118).	H		1		1							265
Abscess of tongue (Class III, Inter. 99B).	SY		1							1		6
	H			2	1	1						22
Abscess, unqualified (Class VIII, Inter. 144).	FA	2	1,088	23	1,032	3				69	9	7,341
	SY	1	213	18	171	1				56	4	1,603
	H	8	28	125	113	28	1	1		6	12	4,368
Achylia gastrica (Class III, Inter. 103).	FA		1							1		6
	H			2		1					1	79
Acne (Class XV, Inter. 145C).	FA		7		3					4		19
	H	6		5	8			1			2	612
Adenoids (Class XIV, Inter. 86).	FA		8		1			1		6		28
	SY		4	1	2					3		6
	H		3	9	9	2		1				371
Adenoma (Class XIX, Inter. 46).	FA		2	2	1					3		6
	H			2	1						1	53
Adhesions about gall-bladder (Class III, Inter. 115).	FA		3	2	2	1				2		15
	H			3	2	1						64
Adhesions of peritoneum (Class III, Inter. 117).	FA		18	6	1			1		22		115
	SY		2	2				3		1		59
	H	5	3	25	16	8		4		2	3	1,585
Adhesions, preputial (Class VII, Inter. 127).	SY		1		1							2
	H		1		1							21
Albuminuria (Class VII, Inter. 120).	FA		3	1	3			1				75
	SY		5	1						6		6
	H	1	2	6	7					1	1	84
Alopecia areata (Class XV, Inter. 145C).	FA		1		1							6
Amaurosis (Class VI, Inter. 75C).	FA		1							1		1
	H		1	2				1		1	1	81
Amblyopia (Class VI, Inter. 75C).	FA	1	5	3	2	1		2		4		17
	SY		1	5				4		2		171
	H	4	4	8	1	4		3		8		447
Amputation stump (Class XVII, Inter. 149).	FA		7	1	2			2		4		58
	SY		2	8	6			2		2		41
	H		8	9	4			6		3	4	913
Anemia of brain (Class XIII, Inter. 74).	FA		1		1							2
	SY		3		3							2
	H	1				1						3
Anemia, pernicious (Class I, Inter. 54).	SY		1							1		4
	H			1	1							62
Anemia, simple (Class I, Inter. 54).	FA		7	3	4					6		55
	SY		1	1	2							73
	H		2	4	3					2	1	254
Anemia, splenic (Class I, Inter. 54).	FA		1							1		1
	H			1							1	35
Aneurysm (Class II, Inter. 81).	FA		3				1			2		6
	SY		1	2	1					2		225
	H	2	3	4	3	1	3				2	543
Aneurysm of heart (Class II, Inter. 79C).	SY		1							1		6
Angina ludovici (Class III, Inter. 100).	FA		1							1		1
	SY		1		1							4
	H			1			1					3
Angina pectoris (Class II, Inter. 80).	FA		2	1						3		35
	SY		1		1							5
	H		1	2	1	1	1					25

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Angiospastic edema (Class XIII, Inter. 74).	FA		1		1							4
	SY		2		1					1		5
	H		1	1	2							23
Ankylosis of joint (Class XII, Inter. 147).	FA		7	1				2		6		34
	SY		2	5				2		5		3
	H	1	1	13	9	1		2		2	1	527
Anti-inoculation, unqualified (Class XVII, Inter. 189A).	FA		18		17					1		45
	SY		8		6					2		9
	H			3	1	1					1	16
Aphasia (Class XIII, Inter. 74).	SY			1						1		92
	H	1	2	2				2		2	1	146
Apoplexy (Class XIII, Inter. 64.)	FA		1							1		0
	H	1		1			1			1		36
Appendicitis, acute (Class III, Inter. 108).	FA	5	312	32	138	5				206		2,701
	SY		627	37	559	4				96	5	1,384
	H	32	37	299	247	60	1	1		23	36	10,731
Appendicitis, chronic (Class III, Inter. 108).	FA		113	31	47			1		95	1	809
	SY	1	17	13	11			1		18	1	324
	H	16	22	100	104	18		2		7	7	4,540
Arterial sclerosis, cerebral (Class XIII, Inter. 81).	SY		1		1							16
Arterial sclerosis, general (Class II, Inter. 81).	FA		2	2	1			2		1		16
	SY	1	3	5	4					3	2	249
	H	1	2	8	2		1	1		2		335
Arthritis, acute (Class XII, Inter. 147).	FA		66	13	65	1		1		9	3	637
	SY		16	2	11					7		96
	H	2	2	21	15	4				2	4	1,199
Arthritis, chronic (Class XII, Inter. 147).	FA	1	33	5	16			1		22		368
	SY		6	7	2			3		7	1	183
	H	1	15	44	17	10		6		17	10	3,200
Arthritis, deformans (Class XII, Inter. 48A).	FA		1							1		10
	H			2		1		1				166
Ascariasis (Class XVIII, Inter. 107).	FA		5		5							12
	SY		1		1							3
	H		47		47							329
Aspergillosis (Class XVIII, Inter. 25B).	H		1		1							17
Asthma (Class XIV, Inter. 96).	FA	1	11	15	18					9		152
	SY	1	10	9	11			6		3		93
	H	3	3	19	10	2		4		9		644
Astigmatism (Class VI, Inter. 75C).	FA		28	3	8			3		20		74
	SY		13	5	7			4		4	3	518
	H	3	6	25	18	6		4		6		615
Atrophy of muscle (Class XII, Inter. 149).	FA		5	8	2			2		9		26
	SY		1							1		0
	H	3		9	3	2		2		3	2	615
Atrophy of optic nerve (Class VI, Inter. 75C).	FA		3					1		2		8
	H		1	3		2		1			1	76
Atrophy of testicle (Class VII, Inter. 127).	SY		2	1				2		1		9
	H			1						1		4
Autointoxication, intestinal (Class III, Inter. 110B).	FA		39	2	34					7		109
	SY		18	6	15	1		1		5	2	203
	H	2	2	17	10	6				5		596
Balanoposthitis (Class VII, Inter. 127).	FA		11	1	11					1		86
	SY		4		2					2		19
	H			3	2	1						67
Beriberi (Class XVII, Inter. 27).	SY		1							1		0
	H			2	1	1						42

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Blepharitis (Class VI, Inter. 75C).	FA		3	1	3					1		6
	SY		1		1							2
	H	1	1	1	2	1						22
Bronchiectasis (Class XIV, Inter. 90).	H		2		1			1				166
Bronchitis, acute (Class XIV, Inter. 89).	FA	2	500	18	446	15				55	4	3,131
	SY	3	451	14	280	5				180	3	2,025
	H	6	19	254	196	59				4	20	4,279
Bronchitis, chronic (Class XIV, Inter. 90).	FA	2	108	41	37	1		1		112		1,281
	SY		32	4	12			2		22		240
	H	15	22	151	84	52		4	1	33	14	5,285
Bronchitis, fibrinous (Class XIV, Inter. 90).	H		1			1						24
Bursitis, acute (Class XII, Inter. 149).	FA		26	2	26					1	1	207
	SY		6		5					1		35
	H			2	2							41
Bursitis, chronic (Class XII, Inter. 149).	FA		14	1	8					7		42
	SY		2	1	2					1		51
	H		2	10	6	3			1	1	1	372
Caisson disease (Class XIII, Inter. 74).	FA		2		1		1					1
Calculus in bladder (Class VII, Inter. 123).	SY		2		1					1		13
	H	1	1	1	2	1						125
Calculus in ureter, impacted (Class VII, Inter. 123).	FA		2							2		58
	SY		5		3					2		85
	H			2	1	1						53
Calculus in uretha, impacted (Class VII, Inter. 123).	H		1		1							35
Callositas (Class XV, Inter. 145C).	FA		2		2							25
	SY		2	2	3					1		11
	H			1							1	5
Carbuncle (Class VIII, Inter. 143).	FA	3	35		35					2	1	226
	SY		9	1	6					4		60
	H	1	2	7	8	1					1	217
Carcinoma (Class XIX, Inter. 39–45).	SY		2							2		1
	H			3	1	1	1					40
Cardiospasm (Class III, Inter. 103).	SY		1	1				1		1		2
	H	1		1		1				1		37
Caries of tooth (Class III, Inter. 99A).	FA		39	1	8			5		27		58
	SY		12		8			3		1		40
	H			29	26	2					1	125
Carrier, diphtheria bacillus (Class VIII, Inter. 9b).	FA		1							1		3
	SY		17							17		0
	H		1	18	18						1	306
Cataract (Class VI, Inter. 75C).	FA		3	4	2					5		15
	SY		1	3	1			1		2		104
	H	1	1	5	3	1		2		1		358
Cellulitis (Class VIII, Inter. 144).	FA		344	14	326					29	3	2,846
	SY		47	5	43					8	1	419
	H	4	7	37	38	4		1			5	1,186
Cerebrospinal fever (Class VIII, Inter. 61a).	FA		1							1		6
	SY		8		2					6		68
	H		5	13	6	6	1	1			4	580
Cerumen, accumulation (Class V, Inter. 76).	FA		1		1							2
Chalazion (Class VI, Inter. 75C).	FA		2		1					1		9
	H		1	1	1					1		14

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
hancroid (Class IX, Inter. 38A).	FA	22	2,068	178	2,068	13	......	......	....	154	13	4,155
	SY	3	807	97	833	4	......	1	....	67	2	1,794
	H	28	33	217	161	80	......	......	2	7	28	8,800
hancroid of lymph-node (Class IX, Inter. 38A).	FA	8	359	142	377	6	......	......	....	113	13	5,840
	SY	8	102	102	164	8	......	......	....	38	2	3,566
	H	14	17	117	92	21	......	......	....	10	25	5,152
hicken-pox (Class VIII, Inter. 19).	FA	1	25	......	7	......	......	......	....	19	......	130
	SY	......	14	4	5	1	......	......	....	10	2	94
	H	1	3	36	26	11	......	......	....	1	2	615
hilblain (Class XV, Inter. 145C).	FA	......	3	......	3	......	......	......	....	......	......	11
	SY	......	......	2	......	......	......	2	....	......	......	18
	H	......	2	2	4	......	......	......	....	......	......	82
holangitis, acute (Class III, Inter. 115).	FA	1	82	3	65	2	......	......	....	18	1	766
	SY	......	30	5	18	......	1	......	....	16	......	280
	H	4	7	36	38	5	......	......	....	1	3	1,084
holangitis, chronic (Class III, Inter. 115).	FA	......	4	......	2	......	......	......	....	2	......	32
	H	......	......	2	1	1	......	......	....	......	......	42
holecystitis, acute (Class III, Inter. 115).	FA	......	23	3	10	3	......	......	....	13	......	284
	SY	......	9	6	11	1	......	......	....	3	......	210
	H	......	2	12	5	7	......	......	....	2	......	294
holecystitis, chronic (Class III, Inter. 115).	FA	......	3	2	1	......	......	......	....	4	......	9
	SY	......	1	......	1	......	......	......	....	......	......	12
	H	......	1	6	4	......	......	......	....	1	2	207
Cholelithiasis (Class III, Inter. 114).	FA	......	9	3	5	......	......	......	....	7	......	30
	SY	......	3	5	3	......	......	......	....	4	1	42
	H	2	3	11	10	4	......	......	....	......	2	496
Cholera, asiatic (Class VIII, Inter. 12).	FA	......	1	1	2	......	......	......	....	......	......	10
Chondroma (Class XIX, Inter. 46).	FA	......	......	1	1	......	......	......	....	......	......	7
	SY	......	1	......	......	......	......	......	....	1	......	8
	H	......	......	2	1	1	......	......	....	......	......	20
Chorea (Class XIII, Inter. 72).	FA	......	1	2	......	......	1	......	....	2	......	11
	H	1	......	2	2	1	......	......	....	......	......	130
Choroiditis (Class VI, Inter. 75C).	FA	......	3	......	1	......	......	......	....	2	......	56
	SY	......	1	......	1	......	......	......	....	......	......	0
	H	......	1	4	1	3	......	......	....	......	1	224
Cicatricial contraction (Class XVII, Inter. 145C).	FA	......	2	2	1	......	......	......	....	3	......	5
	H	2	2	2	4	......	......	1	....	1	......	254
Cicatrix of skin (Class XV, Inter. 145C).	FA	......	1	1	......	......	......	1	....	1	......	1
	H	......	1	1	......	1	......	......	....	1	......	36
Cirrhosis of liver, atrophic (Class III, Inter. 113).	FA	......	1	......	......	......	1	......	....	......	......	2
	H	......	......	1	1	......	......	......	....	......	......	69
Cirrhosis of liver, hypertrophic (Class III, Inter. 113).	FA	......	1	1	......	......	......	......	....	2	......	0
	SY	......	1	......	......	......	1	......	....	......	......	0
	H	......	......	1	......	1	......	......	....	......	......	57
Clavus (Class XV, Inter. 145C).	FA	......	17	......	13	......	......	......	....	3	1	95
	SY	......	3	......	2	......	......	......	....	1	......	38
	H	......	......	5	2	1	......	1	....	......	1	128
Colitis, acute (Class III, Inter. 105B).	FA	......	26	3	23	......	......	......	....	6	......	89
	SY	......	7	......	5	......	......	......	....	2	......	73
	H	......	1	8	5	2	......	......	....	1	1	121
Colitis, chronic (Class III, Inter. 105B).	FA	......	4	1	2	......	......	......	....	3	......	34
	SY	......	1	......	1	......	......	......	....	......	......	4
	H	......	1	4	2	1	......	......	....	1	1	83
Color blindness (Class VI, Inter. 75C).	FA	......	4	......	1	......	......	3	....	......	......	19
Concretion, preputial (Class VII, Inter. 127).	FA	......	1	......	1	......	......	......	....	......	......	0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days
DISEASES—Continued.												
Congestion of kidney (Class VII, Inter. 122).	FA		2		2							11
Congestion of lung, acute (Class XIV, Inter. 94).	FA		2		2							6
Conjunctivitis, acute (Class VI, Inter. 75A).	FA	1	94	6	82					17	2	[illegible]
	SY	1	54		46					9		[illegible]
	H		5	29	13	14			1	1	5	[illegible]
Conjunctivitis, chronic (Class VI, Inter. 75A).	FA		9	4	6			1		6		[illegible]
	SY	1	4	1	4					2		31
	H			9	4	4		1				[illegible]
Conjunctivitis, phlyctenular (Class VI, Inter. 75A).	FA		2	1	1					2		[illegible]
	SY		8		8							[illegible]
	H			3	1					1	1	54
Constipation (Class III, Inter. 110B).	FA		120	9	112	2		1		14		[illegible]
	SY		30	1	18			3		10		128
	H	1	11	27	21	11		2		3	2	[illegible]
Constitutional inferiority (Class XI, Inter. 68).	FA		18	11	3	1		16		9		[illegible]
	SY		13	6	1			16		2		[illegible]
	H	1	15	10	1	2		8		14	1	[illegible]
Constitutional psychopathic state (Class XI, Inter. 68).	FA		6	5	1	1		3		6		79
	SY		2	2		1		1		2		77
	H		7	9		3		7		4	2	[illegible]
Contracture of joint (Class XII, Inter. 147).	FA			1				1				1
	H		1							1		53
Contracture of muscle, fascia, tendon, or sheath (Class XII, Inter. 149).	FA		5	1				2		4		16
	SY		1	1	1			1				2
	H	1	2	3	5					1		[illegible]
Cornu (Class XV, Inter. 145C).	H		1		1							2
Cramp of ciliary muscle (Class VI, Inter. 75C).	FA		1							1		3
	SY		1		1							4
	H			1	1							[illegible]
Cramp of muscle (Class XII, Inter. 149).	FA		27		26					1		[illegible]
	SY		3		3							[illegible]
	H		1	2	2	1						[illegible]
Curvature of spine (Class XII, Inter. 36C).	FA		1	2						3		15
	SY		3	3				4		2		17
	H		2	5	1	1		1		4		[illegible]
Cyclitis (Class VI, Inter. 75C).	FA		1		1							[illegible]
	SY		1							1		0
	H		1	2	1	1					1	[illegible]
Cystitis, acute (Class VII, Inter. 124).	FA		28	5	22	2		1		8		[illegible]
	SY		16	4	11	2				7		155
	H	1	4	16	7	11			1	2		771
Cystitis, chronic (Class VII, Inter. 124).	FA		6	1	2					5		64
	SY		4	1		1				4		6
	H		3	9	3	5		2		1	1	[illegible]
Cystoma (Class XIX, Inter. 46).	FA		22	1	13					10		[illegible]
	SY		10	1	6					5		[illegible]
	H	2	1	15	14	2		1			1	[illegible]
Dacryocystitis (Class VI, Inter. 75C).	FA		2							2		1
	SY			1				1				0
	H			2	1					1		[illegible]
Deafness (Class V, Inter. 76)	FA		14	9	5			3		15		[illegible]
	SY		10	9	5			6		7	1	[illegible]
	H	3	7	21	10			11		4	6	[illegible]
Deformity of external ear, acquired (Class V, Inter. 76).	SY		1							1		0
	H			1	1							[illegible]

ABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
eformity of nose, acquired (Class XIV, Inter. 86).	FA		15		1					14		0
	SY		4	4		1				7		86
	H	1	2	22	19	2					4	801
eformity of palate, acquired (Class III, Inter. 146).	H	1						1				202
ementia, cause unknown (Class XI, Inter. 68).	FA	1	13	2		1		1		14		86
	SY			1						1		0
	H	4	2	26		17		1		11		31,418
ementia paralytica (Class XI, Inter. 67).	FA		3	1						4		9
	SY		1	3		1				2		1 44
	H	5	8	12		3	3	3		8		82,070
ementia precox (Class XI, Inter. 68).	FA	1	24	13				1		37		335
	SY		12	4	1			2		13		117
	H	10	24	113	5	22		38		62		205,756
engue (Class VIII, Inter. 19).	FA		86	1	78	1				7	1	411
	SY		35		28					7		143
	H	1	42	21	52	11					1	497
entition (Class XVII, Inter. 189A).	FA		2		1					1		2
	SY		1		1							3
	H		1	2	2	1						24
ermatitis, unqualified (Class XV, Inter. 145C).	FA	1	32	1	29					4	1	193
	SY		10	1	9					2		50
	H	2	3	9	8	6						125
ermatitis venenata (Class XV, Inter. 145C).	FA		14	1	13					2		109
	SY		19		17					2		61
	H		4	7	9	2						168
etachment of retina (Class VI, Inter. 75C).	FA		1							1		0
	H			1	1							25
eviation of nasal septum (Class XIV, Inter. 86).	FA		55	6	4					57		90
	SY		46	6				2		50		10
	H	5	25	112	109	7		1		3	22	3,941
iabetes insipidus (Class XVII, Inter. 55).	FA		7	1	4					4		102
	H			5	1			2		1	1	292
iabetes mellitus (Class XVII, Inter. 50).	FA		7	3	3	1				6		41
	SY	1	3	4	2			1		5		21
	H	1	4	16	6		2	4		7	2	992
iagnosis undetermined (Class XVII, Inter. 189A).	SY			1							1	159
	H	1	1				1			1		206
ilatation, acute cardiac (Class II, Inter. 79C).	FA		7		1		3			3		12
	SY		2				1			1		0
	H			4		4						40
ilatation, chronic cardiac (Class II, Inter. 79C).	SY		1					1				30
	H		2		1			1				35
iphtheria (Class VIII, Inter. 9).	FA		26		3					23		47
	SY		4	3	3	1				3		73
	H		29	29	41	12	1			1	3	1,288
uodenitis (Class III, Inter. 105B).	FA		1		1							5
	SY		2		1					1		13
	H			2	1	1						12
ysentery, bacillary (Class VIII, Inter. 14A).	FA		8	2	7					3		68
	SY		39	19	37	1	1			19		613
	H	1	3	7	9	1				1		278
ysentery, balantidic (Class XVIII, Inter. 14B).	SY		1		1							5
ysentery, endamebic (Class XVIII, Inter. 14C).	FA		32	26	26					31	1	528
	SY		20	22	21			1		20		385
	H	11	10	45	41	10		2		8	5	2,635

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Dysentery, unclassified (Class VIII, Inter. 14D).	FA	1	26	8	21	1	......	......	....	13	......	219
	SY	......	89	13	33	6	......	1	....	11	1	[illegible]
	H	3	15	19	22	7	......	......	....	6	2	[illegible]
Dystrophy, progressive muscular (Class XIII, Inter. 63).	FA	......	......	1	......	......	......	1	....	......	......	1
	H	1	......	......	......	......	......	......	....	1	......	8
Eczema (Class XV, Inter. 145C).	FA	2	46	3	40	......	......	......	....	10	1	[illegible]
	SY	......	33	8	25	......	......	1	....	14	1	[illegible]
	H	4	12	31	30	6	......	......	....	5	6	1,491
Embolism (Class II, Inter. 82).	SY	1	1	......	1	......	......	......	....	1	......	17
	H	......	1	1	......	1	1	......	....	......	......	229
Emphysema, pulmonary (Class XIV, Inter. 97).	FA	......	2	1	2	......	......	......	....	1	......	[illegible]
	SY	......	1	......	......	......	......	......	....	1	......	[illegible]
	H	......	1	1	2	......	......	......	....	......	......	[illegible]
Endocarditis, acute (Class II, Inter. 78).	FA	......	4	2	1	......	1	......	....	4	......	11
	SY	......	1	1	......	......	......	......	....	2	......	73
	H	1	4	4	3	2	1	1	....	1	1	171
Endocarditis, chronic (Class II, Inter. 79B).	FA	......	1	......	......	......	......	1	....	......	......	12
	SY	......	3	......	......	......	......	3	....	......	......	8
	H	......	2	1	2	1	......	......	....	......	......	[illegible]
Enlargement of prostate (Class VII, Inter. 126).	FA	......	2	......	1	......	......	......	....	1	......	7
	H	......	......	1	1	......	......	......	....	......	......	21
Enteritis, acute (Class III, Inter. 105B).	FA	1	238	15	239	......	......	1	....	14	......	914
	SY	2	315	10	290	3	......	......	....	33	1	754
	H	4	19	57	67	10	1	......	....	2	......	1,086
Enteritis, chronic (Class III, Inter. 105B).	FA	......	1	1	......	......	......	......	....	2	......	13
	SY	1	3	2	3	......	......	......	....	3	......	[illegible]
	H	1	2	6	3	4	......	......	....	2	......	[illegible]
Enterocolitis (Class III, Inter. 105B).	FA	......	21	1	19	......	......	......	....	3	......	[illegible]
	SY	......	1	......	1	......	......	......	....	......	......	7
	H	......	......	3	1	2	......	......	....	......	......	42
Epididymitis, acute (Class VII, Inter. 127).	FA	......	57	10	53	1	......	......	....	9	4	[illegible]
	SY	......	16	2	15	......	......	......	....	2	1	[illegible]
	H	1	4	13	10	5	......	......	....	......	3	373
Epididymitis, chronic (Class VII, Inter. 127).	FA	......	10	4	5	......	......	......	....	8	1	119
	SY	......	2	2	2	......	......	1	....	1	......	13
	H	......	......	8	5	2	......	......	....	1	......	376
Epilepsy (Class XIII, Inter. 69).	FA	1	60	29	18	......	......	18	....	52	2	[illegible]
	SY	1	27	14	8	......	......	14	....	19	1	190
	H	8	9	84	20	14	......	41	1	20	5	[illegible]
Epilepsy, Jacksonian (Class XIII, Inter. 74).	FA	......	1	1	......	......	......	1	....	1	......	2
	SY	......	1	......	1	......	......	......	....	......	......	[illegible]
	H	......	1	1	......	......	......	1	....	1	......	70
Epithelioma (Class XIX, Inter. 39–45).	FA	......	1	2	......	......	......	......	....	3	......	8
	SY	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	4	1	2	......	1	....	......	......	139
Erysipelas (Class VIII, Inter. 18).	FA	......	13	1	6	......	......	......	....	8	......	178
	SY	......	6	......	5	......	......	......	....	1	......	114
	H	2	4	9	13	2	......	......	....	......	......	257
Erysipeloid (Class XVIII, Inter. 25B).	FA	......	1	......	1	......	......	......	....	......	......	7
Erythema multiforme (Class XV, Inter. 145C).	FA	......	4	......	4	......	......	......	....	......	......	13
Erythema nodosum (Class XV, Inter. 145C).	H	......	1	......	......	1	......	......	....	......	......	8
Erythema scarlatiniforme (Class XV, Inter. 145C).	FA	......	1	......	1	......	......	......	....	......	......	22
Erythema simplex (Class XV, Inter. 145C).	SY	......	3	......	3	......	......	......	....	......	......	5

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Erythromelalgia (Class XVII, Inter. 142).	H		1					1				26
Eustachian salpingitis, chronic (Class V, Inter. 76).	H			1	1							53
Exophthalmic goiter (Class IV, Inter. 51).	FA		4					1		3		19
	H		5	6	2	1		3	1	2	2	328
Favus (Class XVIII, Inter 25B).	FA			1				1				1
	H	1								1		42
Fermentation, gastric (Class III, Inter. 103).	FA		10		9						1	14
	SY		5		5							9
Fermentation, intestinal (Class III, Inter. 105B).	FA		16		16							52
	SY		5		5							18
	H		3		3							8
Fever of unknown cause (Class VIII, Inter. 189A).	FA		96	5	89	1				10	1	460
	SY		145	67	101	42				69		700
	H		5	22	16	10					1	335
Fibroma (Class XIX, Inter. 46).	FA		8		7					1		55
	SY		2	1	2					1		32
	H		1	1	1						1	58
Filariasis (Class XVIII, Inter. 19).	FA		2		2							15
	SY	3	9	8	20							289
Fissure of anus (Class III, Inter. 110A).	SY		3		1					2		1
	H		2	2	4							117
Fissure of skin (Class XV, Inter. 145C).	FA		2	1	1					2		25
	SY		2		2							30
	H			2	2							41
Fistula, biliary (Class III, Inter. 115).	SY	1			1							74
Fistula, fecal (Class III, Inter. 110A.	FA		1	1						2		0
	SY			2						2		69
	H	2	2	4	6			1			1	731
Fistula in ano (Class III, Inter. 110A).	FA		23	4	9					18		68
	SY	1	9		4					6		58
	H		9	28	26	7				2	2	1,643
Fistula of kidney (Class VII, Inter. 122).	H	1	1	1	1					1	1	557
Fistula of nasal duct (Class VI, Inter. 75C).	SY		1							1		0
Fistula of urethra (Class VII, Inter. 125).	FA		1							1		1
	H			2		1				1		69
Flagellate diarrhea (Class XVIII, Inter. 105B).	FA		1	1	1					1		1
	SY		2	1	3							10
	H			2	1					1		55
Foreign body in stomach (Class III, Inter. 103).	FA		1							1		0
	H			1	1							2
Functional derangement of liver (Class III, Inter. 115).	FA		9	1	8	1				1		78
	SY		10		7					3		20
	H		11	6	9	6				1	1	232
Furunculosis (Class VIII, Inter. 143).	FA	4	361	21	373	1				11	1	1,816
	SY	4	104	5	92	1				20		458
	H		13	31	32	1				3	8	848
Ganglion (Class XII, Inter. 149).	FA		4	1	4					1		45
	SY		1		1							14
	H			2	2							6
Gangosa (Class VIII, Inter. 19).	FA		2					2				0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Gastritis, acute catarrhal (Class III, Inter. 103).	FA	1	76	7	65	1				18		[illegible]
	SY		42	3	37	1				6	1	155
	H	2	5	32	22	12				3	2	[illegible]
Gastritis, chronic catarrhal (Class III, Inter. 103).	FA		33	19	21			1		30		[illegible]
	SY		18	6	8	1		2		11	2	[illegible]
	H	8	13	52	38	18		4	1	7	5	2,[illegible]
Gastritis, acute phlegmonous (Class III, Inter. 103).	FA		4		4							[illegible]
	SY		1		1							1
Gastroduodenitis (Class III, Inter. 105B).	FA		16		13					2	1	145
	SY		2	1	2					1		74
	H	2	1	4	5	1				1		139
Gastroenteritis (Class III, Inter. 105B).	FA	1	158	5	158	2				3	1	540
	SY		34	1	31					4		[illegible]
	H	3	16	7	21	5						157
Gastroptosis (Class III, Inter. 103).	FA		1		1							6
	H		1	1		1				1		57
Genu recurvatum (Class XII, Inter. 147).	FA		1							1		[illegible]
	H			1				1				31
Genu valgum (Class XII, Inter. 147).	SY		1		1							4
German measles (Class VIII, Inter. 19).	FA		35		17	1				17		[illegible]
	SY		64		12					52		113
	H	5	8	69	73	9						1,[illegible]
Gingivitis (Class III, Inter. 99A).	FA		1		1							2
	SY		1		1							6
Glaucoma, acute (Class VI, Inter. 75C).	FA		1	1						2		17
	H			1		1						4
Glaucoma, chronic (Class VI, Inter. 75C).	FA		1							1		[illegible]
	H			1	1							[illegible]
Glioma (Class XIX, Inter. 46).	FA		1	1						2		[illegible]
	H	1		3		2				1	1	267
Glossitis, acute (Class III, Inter. 99B).	FA		2		1					1		5
	SY		2							2		[illegible]
	H			3	3							[illegible]
Glycosuria (Class XVII, Inter. 50).	FA		3		2						1	[illegible]
	SY		2							2		[illegible]
	H			2	2							14
Goiter (Class IV, Inter. 88).	FA		14	8	2	1		7		12		[illegible]
	SY		3	3	2			2		2		1
	H	2	3	12	5	1	1	2		7	1	[illegible]
Gonococcus infection of conjunctiva (Class IX, Inter. 38B).	FA		7	1	4					4		26
	SY		5	1				1		5		13
	H	1	1	10	6	3				1	2	[illegible]
Gonococcus infection of joints (Class IX, Inter. 38B).	FA	3	95	49	43	2		16		83	3	1,[illegible]
	SY	2	24	20	9	1		15		21		[illegible]
	H	34	24	120	81	16		21	1	38	21	8,[illegible]
Gonococcus infection of lymph-node (Class IX, Inter. 38B).	FA	2	52	18	38					33	1	[illegible]
	SY	1	11	19	20					10	1	[illegible]
	H	2	1	33	18	6				4	8	1,[illegible]
Gonococcus infection of urethra (Class IX, Inter. 38B).	FA	14	4,432	572	4,721	12		3	1	268	13	4,[illegible]
	SY	5	1,118	210	1,149	3		2	1	175	3	2,[illegible]
	H	71	153	493	540	72		5	11	16	73	[illegible],464
Gonococcus infection, unqualified (Class IX, Inter. 38B).	FA	6	234	114	257	2	1			84	10	3,[illegible]
	SY	5	38	28	40	1		1		28	1	[illegible]
	H	17	19	110	100	9		1	1	11	24	6,[illegible]
Gout, acute (Class XVII, Inter. 48C).	FA		3	1	4							[illegible]
	SY		2		2							23
	H	1		1	1					1		33

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Gout, chronic, (Class XVII, Inter. 48C).	SY		2		2							9
	H		1		1							5
Hallux valgus (Class XII, Inter. 149).	FA		12	2	3			1		10		73
	SY		4	2				3		3		39
	H	2	2	17	11	1		2		5	2	1,077
Hammertoe (Class XII, Inter. 149).	FA		9	2	4					7		43
	SY		9	2	4			3		4		113
	H		2	10	7	1				2	2	464
Headache (Class XVII, Inter. 189A).	FA		17	3	14			1		5		76
	SY		6	1	1			1		5		29
	H		2	9	6	2		1			2	176
Hematemesis (Class III, Inter. 103).	SY		1							1		3
Hematoma of spermatic cord (nontraumatic) (Class VII, Inter. 127).	FA		1		1							6
Hematuria, renal (Class VII, Inter. 122).	FA		1		1							7
	SY		2							2		0
	H			2	2							23
Hemiplegia, old (Class XIII, Inter. 66).	FA		1		1							8
	SY		1		1							38
	H	3		1	2			2				522
Hemoglobinuria (Class VII, Inter. 122).	FA	1	1		2							7
Hemophilia (Class I, Inter. 55).	FA		1	1	1					1		6
	H			1	1							80
Hemoptysis (Class XIV, Inter. 98).	FA		2							2		0
	H			2	1	1						9
Hemorrhage, epidural (Class XIII, Inter. 64).	FA			1						1		8
	SY		1	2		2				1		54
	H			1				1				22
Hemorrhage into cerebrum (Class XIII, Inter. 64).	FA		3							3		6
	SY		1	1	1					1		28
	H	1	1	5	1	2		2			2	345
Hemorrhage into retina (Class VI, Inter. 75C).	H	1	1					2				183
Hemorrhoids (Class III, Inter. 83).	FA	1	211	22	89					144	1	698
	SY		83	13	40			2		54		333
	H	26	19	193	204	17		1		5	11	5,898
Hernia, epigastric (Class XVI, Inter. 109).	FA		4		1					3		2
	H	1	1	4	4	2						205
Hernia, femoral (Class XVI, Inter. 109).	FA		4							4		1
	H		1	4	1	3					1	63
Hernia, inguinal (Class XVI, Inter. 109).	FA	3	255	72	78	2		7		240	3	1,120
	SY		72	22	14	1		8		70	1	366
	H	47	25	307	267	27		8	3	25	49	14,033
Hernia, umbilical (Class XVI, Inter. 109).	FA		2	1	2			1				14
	SY		1							1		0
	H		1	1	1	1						105
Hernia, ventral (Class XVI, Inter. 109).	FA		12	5	2					15		34
	SY		5	4	4					4	1	244
	H	4	4	23	20	1				6	4	1,232
Herpes (Class XV, Inter. 145C).	FA		12		10			1		1		52
	SY		5	1	4					2		27
	H		1	4	4	1						33
Hodgkin's disease (Class X, Inter. 53A).	FA		1	1						2		13
	SY		1							1		3
	H	1	1	2		1				1	2	189

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Hordeolum (Class VI, Inter. 75C).	FA		10		10							[illegible]
	SY		3		3							[illegible]
Hydrocele of spermatic cord (Class VII, Inter. 127).	FA		5	1	4					2		[illegible]
	SY		3					1		2		3
	H			5	3	2						140
Hydrocele of tunica vaginalis (Class VII, Inter. 127).	FA		25	5	11					19		[illegible]
	SY		10	2	3					9		[illegible]
	H		8	28	28	3			1	3	1	[illegible]
Hydrocephalus, acquired (Class XIII, Inter. 74).	FA		1							1		[illegible]
	H			1		1						[illegible]
Hydronephrosis (Class VII, Inter. 122).	H		1		1							[illegible]
Hyperchylia, gastric (Class III, Inter. 103).	FA		3		1					2		1
	SY		3	1	2					2		29
	H			6	4	2						61
Hypermetropia (Class VI, Inter. 75C).	FA		12		4			4		4		14
	SY			3	1					2		[illegible]
	H		6	8	11	1				1	1	[illegible]
Hypertrophy of bone (Class XII, Inter. 146).	FA		6							6		1
	SY		29							29		[illegible]
	H		2	36	24	4		1	1	1	7	[illegible]
Hypertrophy of heart (Class II, Inter. 79C).	FA		3		1	1		1				[illegible]
	H		1		1							[illegible]
Hypertrophy of mammary gland (Class XVII, Inter. 133).	SY		1							1		[illegible]
	H			2		1		1				126
Hypertrophy of tonsil (Class III, Inter. 100).	FA		28	1	4					25		[illegible]
	SY	1	132	4	6			5		126		[illegible]
	H	5	18	152	154	6		4	1	2	8	[illegible]
Hypochlorhydria (Class III, Inter. 103).	SY		1		1							0
	H		1		1							24
Hypochondriasis (Class XIII, Inter. 68).	FA		5	1	2			2		2		[illegible]
	H			2	2							[illegible]
Hysteria (Class XIII, Inter. 73A).	FA	1	15	5	8			3		10		145
	SY		10	3	2			3		7	1	46
	H	1	5	25	11	11		4		4	1	581
Ichthyosis (Class XV, Inter. 145C).	H		1		1							5
Imbecility (Class XI, Inter. 74).	FA		8	5	1			6		6		89
	SY		1					1				9
	H	2	1	8		4		3		4		330
Impacted feces (Class III, Inter. 110B).	FA		3		3							41
Impetigo contagiosa (Class XV, Inter. 145C).	FA		5	1	5					1		48
	SY		39	1	12	1				27		81
	H	2	4	27	31	1					1	381
Impetigo simplex (Class XV, Inter. 145C).	FA		2		2							3
Incontinence of urine (Class VII, Inter. 124).	FA		7	1	1			3		4		10
	H		3	4	2			3		2		158
Inflammation of salivary gland) Class III, Inter. 99B).	FA		3	1	3					1		7
	SY		1		1							5
	H			1	1							48
Influenza (Class VIII, Inter. 10).	FA	5	1,006	7	935	8				39	36	3,704
	SY	7	482	8	415	5				72	5	1,668
	H	3	32	134	101	58			1		9	1,677
Ingrowing nail (Class XV, Inter. 145C).	FA	1	128	6	125					10		740
	SY	2	100	2	53					51		379
	H		12	63	68	2					5	1,515

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
nsomnia (Class XVII, Inter. 189A).	FA		1							1		1
	SY		2	2	2	1				1		6
	H			1	1							34
nsufficiency of ocular muscle (Class VI, Inter. 75C).	FA		2	1				1		2		2
	SY		1	3	1			1		2		221
	H	1	2	3	2			1		2	1	363
ridocyclitis (Class VI, Inter. 75C).	FA		1	1	1					1		30
	H			1	1							34
ritis (Class VI, Inter. 75C)..	FA		37	4	16					24	1	239
	SY		4	1	2					3		48
	H	4	7	24	21	8		1		2	3	902
aundice, acute infective (Weil's disease) (Class VIII, Inter. 111).	H	1			1							5
Keratitis (Class VI, Inter. 75C).	FA		8	2	4					6		64
	SY		1	2	2					1		150
	H		3	5	3	3		1		1		138
Keratitis, phlyctenular (Class VI, Inter. 75C).	SY		1	1		1				1		1
Keratoiritis (Class VI, Inter. 75C).	SY			3						3		51
	H			4	1			1		2		269
Laryngitis, acute (Class XIV Inter. 87).	FA		23		19					3	1	80
	SY	1	32	2	26	1				8		203
	H	2	2	13	12	4					1	404
Laryngitis, chronic (Class XIV, Inter. 87).	FA		2							2		5
	SY		6		3					3		14
	H		1	9	4	1				3	2	326
Leukemia (Class I, Inter. 53C).	H			1			1					51
Lichen planus (Class XV, Inter. 145C).	FA		1		1							2
	SY		1	1	2							89
Lichen ruber (Class XV, Inter. 145C).	FA		1		1							11
Lipoma (Class XIX, Inter. 46).	FA		12	1	10					3		139
	SY		4		3					1		16
	H		1	3	3						1	110
Locomotor ataxia (Class XIII, Inter. 62).	FA		1	1						2		10
	SY		3	4				1		6		1
	H		3	16	4	6		2		5	2	441
Loose body in joint (Class XII, Inter. 147).	H		3		3							183
Loss of substance of bone or cartilage (Class XII, Inter. 146).	FA			1				1				1
	H		1							1		18
Lupus erythematosus (Class XV, Inter. 145C).	SY		2		1					1		1
	H	1	1	1	1	1					1	141
Lymphadenitis, acute (Class X, Inter. 84).	FA	7	203	20	160	3				63	4	2,632
	SY	1	64	13	51	2				25		896
	H	8	11	82	62	18				9	12	3,449
Lymphadenitis, chronic (Class X, Inter. 84).	FA		12	6	7					11		146
	SY		3	2	1	1				2	1	110
	H	1		13	5	6				2	1	648
Lymphangiectasis (Class X, Inter. 84).	SY			1	1							28
	H	1		1	1					1		57
Lymphangitis (Class X, Inter. 84).	FA	1	42	4	39					6	2	272
	SY		13	3	12	1				3		99
	H		3	6	7	1					1	288

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*— Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Lymphoma (Class XIX, Inter. 46).	FA		1							1		0
	H			1		1						6
Malaria (Class VIII, Inter. 4).	FA	29	640	169	771	5				61	1	4,107
	SY	5	498	201	542	13				144	5	3,480
	H	6	32	138	120	33	1		1	8	13	3,030
Malformations, congenital (Class XVII, Inter. 150).	FA		4		1			1		2		16
	SY		4					4				16
	H	2	1	5	4	2				2		215
Malingering (Class XVII, Inter. 189B).	FA		2	1	3							2
	SY		4	1	8	1				1		20
	H		4	2	3	1				2		28
Mastoiditis, acute (Class V, Inter. 146).	FA		6	3						9		33
	SY		2	1						3		16
	H		10	13	15	3				3	2	1,180
Mastoiditis. chronic (Class V, Inter. 146).	FA		5	4	1			2		6		36
	SY		2	1	1			1		1		17
	H		1	9	3	2				4	1	407
Masturbation (Class VII, Inter. 74).	FA		1							1		1
	H			1		1						5
Measles (Class VIII, Inter. 6).	FA		235	4	80	1				158		1,611
	SY		158	21	85	8				86		2.008
	H	2	31	237	223	42			1	1	3	5,440
Melancholia, involutional (Class XI, Inter. 68).	FA		4		2					2		8
	SY		1							1		0
	H		1	5	2	3				1		145
Ménière's disease (Class XIII, Inter. 76).	FA		1	3						4		64
	H			2	2							86
Meningitis, cerebral (Class XIII, Inter. 61).	FA		1		1							20
	H		1				1					0
Meningitis, cerebrospinal (Class XIII, Inter. 61).	FA		1		1							35
Metatarsalgia (Class XII, Inter. 149).	SY	1	3	3				3		4		17
	H	2		5	1	1		1		3	1	211
Migraine (Class XVII, Inter. 74).	FA		10	1	8	1				2		20
	SY		4	1	1					4		10
	H		1	8	6	3						245
Miliaria (Class XV, Inter. 145C).	FA		4		4							23
	SY		3		3							26
Mixed benign tumor (Class XIX, Inter. 46).	FA		1							1		0
	H			2	1	1						24
Mumps (Class VIII, Inter. 19).	FA	4	457	2	105	1				357		1,915
	SY	28	288	11	267	2				57	1	3,812
	H	29	32	422	443	31			5	1	3	10,998
Myocarditis, acute (Class II, Inter. 78).	FA		2				1			1		4
Myocarditis, chronic (Class II, Inter. 79C).	FA		6	4			1	1		8		50
	SY		1	2	2		1					66
	H	1		5	2	2	1				1	307
Myopia (Class VI, Inter. 75C).	FA		20		5			5		10		90
	SY		11	3	4			8		2		25
	H	1	3	17	9	7		3		1	1	442
Myositis, acute (Class XII, Inter. 149).	FA		8	2	7					3		55
	SY		1							1		0
	H	1	1	6	3	4				1		220
Myositis, chronic (Class XII, Inter. 149).	FA	1	2							3		45
	SY			1						1		6
	H			3	1	2						49

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Myositis, progressive ossifying (Class XII, Inter. 149).	FA		1		1							13
Myringitis, acute (Class V, Inter. 76).	FA		4		3					1		12
	H			1	1							14
Nausea marina (Class XVII, Inter. 189A).	FA		22	13	25			3		7		
	SY		1	2	1			2				393
	H	2	2	13	2	3		5		4		375
Necrosis (Class XII, Inter. 146).	FA		3	1						4		1
	H	2	2	4	4	2				1	1	508
Nephralgia (Class VII, Inter. 122).	FA		1		1							4
	SY			1	1							91
	H		1							1		59
Nephritis, acute (Class VII, Inter. 119).	FA		16	2	7					11		117
	SY		13	6	5			1		13		319
	H	2	13	34	16	19	4	1		7	2	1,583
Nephritis, chronic interstitial (Class VII, Inter. 120).	FA	1	16	4	5		1	2		13		61
	SY		3	8	4			4		2	1	163
	H	3	7	25	7	2	3	7		15	1	1,357
Nephritis, chronic parenchymatous (Class VII, Inter. 120).	FA		17	10	8		1	1		17		130
	SY		7	1	4					4		26
	H	4	9	26	8	6	4	8		9	4	1,624
Nephrolithiasis (Class VII, Inter. 123).	FA		8	2	5					5		38
	SY		6	4	4					5	1	89
	H	1	5	14	14	3				2	1	688
Nephroptosis (Class VII, Inter. 122).	FA		1		1							21
	H		1	1	1	1						65
Nervous dyspepsia (Class III, Inter. 103).	FA		7	1	4					4		57
	SY		3	1	2	1				1		109
	H			7	3	2				1	1	120
Neuralgia (Class XIII, Inter. 73B).	FA	1	54	3	45					12	1	221
	SY		27	4	26					5		163
	H	2	4	20	13	10		1			2	486
Neurasthenia (Class XIII, Inter. 74).	FA	1	69	28	19	2		6		70	1	608
	SY	5	13	26	16	1		4		19	4	1,270
	H	13	21	121	51	38		14	1	42	9	3,675
Neuritis (Class XIII, Inter. 73B).	FA	1	42	8	27			1		21	2	461
	SY		19	3	12			2		7	1	230
	H	9	8	38	23	11		1		12	8	2,445
Neuritis, multiple (Class XIII, Inter. 73B).	FA		1	1				1		1		8
	SY			1	1							59
	H	3	3	3	2	1		2		2	2	519
Neuritis, optic (Class VI, Inter. 75C).	FA		2	2						4		4
	SY		1	1	1					1		59
	H			6	1	2				1	2	129
Neuroretinitis (Class VI, Inter. 75C).	FA		1							1		0
	H	1		2	2					1		102
Neurosis, intestinal (Class III, Inter. 110B).	FA		78	1	75	1				3		251
	SY		7		4					3		24
	H		1	11	7	5						132
Neurosis, occupational (Class XIII, Inter. 74).	FA	1	3		1					3		26
	SY		2		2							4
	H			7	2	3				2		138
Neurosis of bladder (Class VII, Inter. 124).	FA		29	9	15	1		7		12	3	156
	SY		29	10	7	1		22		9		142
	H	1	8	19	9	3		6		9	1	590
Neurosis of pharynx (Class III, Inter. 100).	FA		1		1							20

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Neurosis, traumatic (Class XIII, Inter. 74).	FA		3	1				1		3		15
	H	1	1	4	2	1		1		1	1	267
Nevus (Class XV, Inter. 150).	FA		3		2					1		12
	H			1		1						48
No disease (Class XVII, Inter. 189A).	FA		22	1	9					14		49
	SY		29	2	13	1				16	1	28
	H	1	48	63	71	34		1	1		5	979
Nostalgia (Class XVII, Inter. 68).	FA		2			1				1		5
	H		1	2		2		1				57
Obesity (Class XVII, Inter. 55).	FA		5		2					3		9
	H		1	7	3	4		1				254
Obstruction, acute intestinal (Class III, Inter. 109).	FA		3		1	1				1		21
	SY		3	2	3		1			1		31
	H			1						1		38
Obstruction, chronic intestinal (Class III, Inter. 109).	FA		8	3	4					7		25
	SY			2				1		1		0
	H		4	11	5	2		1		3	4	567
Obstruction of portal vein (Class III, Inter. 115).	H	1						1				367
Onychauxis (Class XV, Inter. 145C).	SY		1							1		0
	H			1	1							13
Onychia (Class XV, Inter. 145C).	FA		11		8					3		52
	SY		5		4					1		57
	H			5	4					1		163
Opacity of vitreous humor (Class VI, Inter. 75C).	FA		1	1	2							11
Ophthalmoplegia (Class VI, Inter. 75C).	FA		1	1	1					1		0
	SY		1							1		10
	H		1	2	1	1					1	302
Orchitis, acute (Class VII, Inter. 127).	FA	1	54	2	48					7	2	583
	SY		11	3	9					5		121
	H			11	8	2					1	198
Orchitis, chronic (Class VII, Inter. 127).	FA	1	9	4	5	1				8		109
	SY		2		1	1						31
	H	1	1	8	5	2		1		1	1	263
Osteoarthropathy, hypertrophic (Class XVII, Inter. 36B).	FA			1				1				0
	H	1								1		86
Osteoma (Class XIX, Inter. 46).	FA		4	2	1			1		4		19
	H		7	4	5	2		2		2		296
Osteomyelitis, acute (Class XII, Inter. 146).	H		2		1	1						59
Osteomyelitis, chronic (Class XII, Inter, 146).	FA		3							3		12
	SY		1	3				2		2		2
	H	4	2	5	7	1		1		1	1	709
Otitis externa (Class V, Inter. 76).	FA		94	2	85					11		343
	SY		16	2	11					7		46
	H	1	6	19	17	3		1		1	4	549
Otitis interna, acute (Class V, Inter. 76).	FA		2		1					1		4
Otitis interna, chronic (Class V, Inter. 76).	FA		2	1	1					2		9
	SY		1	1				1		1		0
	H	1	2	3	2			2		1	1	129
Otitis media, acute (Class V, Inter. 76).	FA	1	196	15	146	2				64		769
	SY	1	100	15	53	1		4		57	1	428
	H	4	9	118	81	29		3		7	11	3,723

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Otitis media, chronic (Class V, Inter. 76).	FA		149	45	88	2		17		87		561
	SY	4	52	28	25			31		28		387
	H	14	22	124	69	17		25	1	36	12	5,654
Oxyuriasis (Class XVIII, Inter. 107).	SY		1		1							3
Ozena (Class XIV, Inter. 86).	FA		2							2		1
	H			2							2	88
Pachymeningitis, cerebral Class XIII, Inter. 61).	FA		1	2						3		21
	H			2	1					1		70
Pachymeningitis, spinal (Class XIII, Inter. 61).	H		1								1	262
Palpitation, cardiac (Class II, Inter. 85).	FA		9	4	11			1		1		59
	SY		5	3				3		4	1	192
	H	3	1	3	3	1				3		261
Pancreatitis, chronic (Class III, Inter. 118).	H		1								1	70
Papilloma (Class XIX, Inter. 46).	FA		3		3							4
	SY		4		1					3		0
	H		1	3	3					1		57
Paralysis, muscle, ischemic (Class XII, Inter. 149).	H		1								1	22
Paralysis of nerve (Class XIII, Inter. 66).	FA		11	4	4					11		103
	SY		2		1					1		5
	H	3	1	13	8	1		2		4	2	897
Paralysis of ocular muscle (Class VI, Inter. 75C).	FA		2	1	1					2		10
	SY	1	1		2							31
	H		1	2	1			2				64
Paralysis of vocal cords (Class XIV, Inter. 74).	H		1					1				31
Paramyoclonus multiplex (Class XIII, Inter. 74).	H	1				1						26
Paranoia (Class XI, Inter. 68).	FA		4	1						5		17
	SY			1						1		1
	H	3		12	1	6			1	7		713
Paranoic state (Class XI, Inter. 68).	FA		1	1						2		45
	SY	1								1		134
	H	1	3	7	1	1				7	2	770
Paraphimosis (Class VII, Inter. 127).	FA		7	2	6					3		70
	SY		3		3							26
	H			2	1	1						82
Paraplegia, ataxic (Class XIII, Inter. 66).	FA		1							1		0
	SY		1							1		60
	H		1	4		2		1		1	1	71
Paratyphoid fever (Class VIII, Inter. 1).	FA		4							3	1	38
	SY		2	1	2					1		131
	H		3	4	5	2						186
Pediculosis (Class XVIII, Inter. 145C).	FA		27		27							3
	SY		6		6							2
	H	2	3		4	1						89
Pemphigus (Class XV, Inter. 145C).	FA		3		3							13
	H	1			1							84
Pericarditis (Class II, Inter. 77).	FA		3		1					2		12
	SY		2				1			1		3
	H		1	6	1	2	2			1	1	95
Periostitis, acute (Class XII, Inter. 146)	FA	2	22	1	16					9		261
	SY		3		2					1		12
	H	2		15	7	5				1	4	613

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Periostitis, chronic (Class XII, Inter. 146).	FA		6	1	2					5		88
	SY		3	1	1					3		51
	H	2	2	8	7	3		1			1	558
Peritonitis, acute, general (Class III, Inter. 117).	H		1				1					6
Peritonitis, chronic, general (Class III, Inter. 117).	H		1	1	1					1		289
Pes cavus (Class XII, Inter. 149).	H		2		1			1				79
Pes planus (Class XII, Inter. 149).	FA		77	30	24			27		56		568
	SY	1	73	56	25	1		71		32	1	737
	H	11	26	88	28	2		36		55	4	3,214
Pharyngitis, acute (Class III, Inter. 100).	FA		73	1	73	1						280
	SY		17		15					2		41
	H		6	2	7	1						63
Pharyngitis, chronic (Class III, Inter. 100).	FA		2							2		18
	SY		1							1		7
	H		2	3	2	2		1				161
Phimosis (Class VII, Inter. 127).	FA	4	188	6	181					17		989
	SY	1	42		26					17		177
	H	2	6	35	37	4					2	785
Phlebitis (Class II, Inter 83).	FA		9	3	5			1		6		89
	SY		1	1						2		32
	H		2	13	6	4		3		1	1	540
Pityriasis rosea (Class XV, Inter. 145C).	FA		6		3					2	1	37
	SY		2							2		0
	H			9	4	4					1	148
Pityriasis simplex (Class XV, Inter. 145C).	SY		1		1							6
Pityriasis versicolor (Class XVIII, Inter. 25B).	SY		1		1							11
	H		1		1							28
Pleurisy, acute fibrinous (Class XIV, Inter. 93).	FA	1	61	1	37	1				25		486
	SY		27	2	14	5				10		222
	H	3	3	39	19	19			1	2	4	1,225
Pleurisy, chronic fibrinous (Class XIV, Inter. 93).	FA		5	3	2			1		5		38
	SY		2	2				1		3		33
	H	2	2	6	2	6				2		365
Pleurisy, serofibrinous (Class XIV, Inter. 93).	FA	1	27	6	11					23		467
	SY		22	5	9	2				16		309
	H	2	4	33	16	18				1	4	1,063
Pleurisy, suppurative (Class XIV, Inter. 93).	FA	1	7	9	1			1		14	1	141
	SY		6							6		129
	H	1	32	26	25	6	3	3		7	15	5,521
Pleuritic adhesions (Class XIV, Inter. 93).	FA		2	1	1			2				39
	SY		4		2			2				28
	H	1	5	1	1	1		3	1	1		144
Pneumonia, broncho (Class XIV, Inter. 91).	FA	1	26	2	8	1				20		359
	SY		17	2	5	1	3			10		268
	H	6	7	34	16	20	4			3	4	1,103
Pneumonia, lobar (Class XIV, Inter. 92).	FA	1	103	12	27	2	4			81	2	827
	SY	5	83	3	8	5	4			74		504
	H	5	56	176	125	67	18		3	3	21	6,428
Poliomyelitis, acute anterior (Class VIII, Inter. 63).	H	1						1				161
Polypus, nasal (Class XIV, Inter. 46).	FA		1	1	2							22
	SY		3							3		6
	H		1	3	2	1		1				40
Presbyopia (Class VI, Inter. 75C).	FA		2	2						4		28
	H			3		1		1		1		126

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Prolapse of rectum (Class III, Inter. 110B).	SY		2	1	1			1		1		21
Prostatitis, acute (Class VII, Inter. 126).	FA		6	2	6					2		102
	H	2	2	2	6							159
Prostatitis, chronic (Class VII, Inter. 126).	FA		5	2	1					6		15
	SY		2	1	1					2		7
	H		2	10	7	3		1		1		576
Pruritis (Class XV, Inter. 145C).	FA		1		1							0
	SY		1		1							24
Psoriasis (Class XV, Inter. 145C).	FA		6	1	2					5		33
	SY		3	1	2					2		28
	H		1	8	4	3		2				395
Psychasthenia (Class XI, Inter. 68).	FA	1	21	13	3	3		8		21		174
	SY		7	8	3			7		5		148
	H	5	13	39	12	10		8	1	23	3	1,295
Psychosis, due to organic brain disease (Class XI, Inter. 74).	FA		1							1		0
	H			2		1				1		32
Psychosis, epileptic Class XI, Inter. 69).	SY			1						1		0
	H	2	1	1	1			1		2		81
Psychosis, exhaustive, infective and toxic (Class XI, Inter. 68).	FA		2							2		0
	SY			1				1				0
	H	1		1		1				1		37
Psychosis, hysterical (Class XI, Inter. 73A).	FA		9	3	4					7	1	63
	H	2	1	9		3		1		7	1	401
Psychosis, intoxication (Class XI, Inter. 68).	FA		23	7	15	1		1		13		126
	SY		6	9	3	2		2		8		43
	H	2	8	20	16	6		1		5	2	649
Psychosis, manic-depressive (Class XI, Inter. 68).	FA	1	8	3						12		105
	SY		2	1				1		2		1
	H	4	2	24	1	10		4		11	4	1,313
Pterygium (Class VI, Inter. 75C).	FA		20	2	6					16		13
	SY		10		8					2		79
	H	2	2	19	20	3						490
Purpura (Class I, Inter. 55)	FA		1							1		6
	SY	1			1							10
	H			1	1							19
Pyelitis (Class VII, Inter. 122).	FA		3	2	1	1				3		79
	SY		2	4	1			2		2	1	32
	H	1	3	5	4	2				2	1	430
Pyelonephritis (Class VII, Inter. 122).	FA		7	2	1	1	1			6		42
	SY		4	2	2					4		56
	H	1	1	12	6	3		1		2	2	850
Pyorrhea, alveolar (Class III, Inter. 99A).	FA		7	2	6			2		1		36
	SY		3		2					1		21
	H	2	2	3	6					1		109
Raynaud's disease (Class XVII, Inter. 142).	FA			2				1		1		0
	H	2		1	1	1				1		222
Redundant prepuce (Class VII, Inter. 127).	FA	3	117	3	119					4		516
	SY		36		16					20		123
	H	2	2	23	24					1	2	430
Redundant scrotum (Class VII, Inter. 127).	FA		1							1		0
	H			1							1	36
Retention cyst (Class XIX, Inter. 46).	FA		7		7							8
	SY		4		1					3		7
	H	1		3	4							95
Retinitis (Class VI, Inter. 75C).	FA		4	3	3					4		52
	SY		1	2	2			1				15
	H	1	5	6	5	1				3	3	649

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Rheumatic fever, acute (Class VIII, Inter. 47).	FA	2	167	44	135	4				74		[illegible]
	SY	5	61	15	27	2				50	2	[illegible]
	H	9	9	132	92	28		1	1	17	11	[illegible]
Rheumatic fever, subacute (Class VIII, Inter. 47).	FA	1	37	25	42					20	1	[illegible]
	SY		12	3	5					8	2	[illegible]
	H	2		31	13	9				7	4	[illegible]
Rheumatism, chronic articular (Class XVII, Inter. 48B).	FA	3	70	31	45			3		53	3	[illegible]
	SY		26	12	12	2		4		20		[illegible]
	H	14	10	83	52	19		7		23	6	[illegible]
Rheumatism, muscular (Class XVII, Inter. 149).	FA	1	225	18	204	2				35	3	[illegible]
	SY		73	12	64			1		18	2	[illegible]
	H	9	12	54	47	17		1		4	6	[illegible]
Rhinitis, acute (Class XIV, Inter. 86).	FA		28	1	29							[illegible]
	SY	1	21		22							[illegible]
	H		5	1	4	1					1	[illegible]
Rhinitis, atrophic (Class XIV, Inter. 86).	FA		1							1		6
	SY		2	1				2		1		6
	H		5	1	3			2		1		[illegible]
Rhinitis, hypertrophic (Class XIV, Inter. 86).	FA		9	2						11		[illegible]
	SY		6		2			1		3		[illegible]
	H		5	13	14	2					2	[illegible]
Sarcoma (Class XIX, Inter. 39-45).	SY		1							1		6
	H	1	4	2		2	3	1			1	115
Scabies (Class XVIII, Inter. 145B).	FA		197	3	109					91		[illegible]
	SY	1	102	11	51	1				61	1	[illegible]
	H	20	14	144	154	16				1	7	[illegible]
Scarlet fever (Class VIII, Inter. 7).	FA		10		2		1			7		[illegible]
	SY		6		2					4		45
	H	1	3	16	13	5					2	[illegible]
Schistosomiasis, intestinal (Class XVIII, Inter. 107).	FA		4	9	3	3				7		165
	H			3	1	2						[illegible]
Scleritis (Class VI, Inter. 75C).	FA		3	4	1					6		[illegible]
	SY			1						1		15
	H			6	2	2		1			1	156
Sclerosis, disseminated (Class XIII, Inter. 63).	FA		1	1	1					1		4
	SY		1	1				1		1		0
	H		1	1						1	1	[illegible]
Senility (Class XVII, Inter. 154B).	FA	1	2		2					1		[illegible]
	SY		1							1		0
	H		1	4	1			1		2	1	[illegible]
Septicemia (Class VIII, Inter. 20).	FA		2	1			1			2		[illegible]
	SY			2	1					1		16
	H		3				3					11
Shock (Class XVII, Inter. 189A).	FA		1		1							1
Sinus (Class XVII, Inter. 145C).	FA		6	1	1					6		11
	SY	1	1		2							[illegible]
	H	2		5	5						2	[illegible]
Sinusitis, ethmoidal (Class XIV, Inter. 146).	FA			1				1				15
	H			2	1	1						[illegible]
Sinusitis, frontal (Class XIV, Inter. 146).	FA		11	2	7					5	1	[illegible]
	SY		7	1	5					3		27
	H	1		9	4	3				1	2	[illegible]
Sinusitis, maxillary (Class XIV, Inter. 146).	FA		7		2					5		[illegible]
	SY		3		1					2		[illegible]
	H		1	8	6	1				1	1	[illegible]
Smallpox (Class VIII, Inter. 5).	FA	4	3		2		1			4		144
	SY	23	2		20	3	1				1	[illegible]
	H			3	3							15

ABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
mnambulism (Class XIII, Inter. 74).	FA		2	4				3		3		9
	SY		1					1				2
	H	2	1	5		1		2		5		159
asm habit (Class XIII, Inter. 74).	SY		1					1				29
ermatocele (Class VII, Inter. 127).	SY		1							1		0
	H		2	1	3							43
lanchnoptosis (Class III, Inter. 110B).	FA		1					1				16
	SY		1							1		0
	H		2	2	2	2						149
lenitis, acute (Class IV, Inter. 116).	FA		1	2	1					2		6
	H			1	1							45
rue (Class III, Inter. 110B)	H		1		1							4
ur on nasal septum (Class XIV, Inter. 86).	FA		5		1					4		5
	H		1	3	3						1	183
enosis of gall-duct (Class III, Inter. 115).	FA		1							1		0
	H			2		2						24
enosis of nasal duct (Class VI, Inter. 75C).	FA		2	1						3		43
	H			2	1			1				138
enosis of punctum lacrimale (Class VI, Inter. 75C).	H		1		1							1
enosis of pylorus (Class III, Inter. 103).	H		1		1							39
omatitis (Class III, Inter. 99B).	FA		7		4					3		26
	SY		4	2	3					3		8
	H		1	6	3	4						154
omatitis, gangrenous (Class III, Inter. 142).	H		1		1							13
ricture of rectum (Class III, Inter. 110B).	SY		1							1		0
	H			1		1						7
ricture of urethra (Class VII, Inter. 125).	FA		23	4	12					14	1	82
	SY		4	1	3					2		23
	H	3	7	20	20	6				1	3	865
rongyloides, intestinal (Class XVIII, Inter. 107).	H		1		1							14
nechia (Class VI, Inter. 75C).	FA		1							1		1
	H			3		1			1	1		30
philis (Class IX, Inter. 37).	FA	9	858	594	710	3		13		730	5	4,895
	SY	6	234	187	232	5		16		169	5	2,032
	H	163	240	963	953	139	2	20	11	81	160	46,089
achycardia (Class II, Inter. 85).	FA		5	3	1					6	1	113
	SY		9	3	7			4		1		60
	H		3	7	4	3				2	1	287
alipes (Class XII, Inter. 149).	SY	1						1				13
eniasis (Class XVIII, Inter. 107).	FA		15	4	18					1		52
	SY		12	2	13	1						36
	H			3	3							215
enosynovitis (Class XII, Inter. 149).	FA		21	1	17					4	1	92
	SY		6	1	3					3	1	56
	H	1	1	7	8	1						215
eratoma (Class XIX, Inter. 46).	FA		2	1	1					2		15
	H			3	2	1						49

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Cont'd

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Day
DISEASES—Continued.												
Thrombosis (Class II, Inter. 82).	FA		1	1	2							[illegible]
	SY		1							1		[illegible]
	H		2	2		1					3	[illegible]
Thyroiditis (Class IV, Inter. 88).	FA		1	1	1					1		[illegible]
	H		1	1	1						1	[illegible]
Tonsillitis, acute follicular (Class III, Inter. 100).	FA	12	2,678	66	2,550	14				136	56	[illegible]
	SY	10	920	28	515	4				430	9	[illegible]
	H	6	93	587	569	78	1		1	2	35	[illegible]
Tonsillitis, chronic (Class III, Inter. 100).	FA	1	61	8	25					45		[illegible]
	SY		9	3	8					3	1	[illegible]
	H	10	3	52	57	4				3	1	[illegible]
Tracheitis (Class XIV, Inter. 89).	SY		2		2							[illegible]
Trachoma (Class VI, Inter. 75B).	FA		5	2	1			3		3		[illegible]
	SY		2	2	3			1				[illegible]
	H		1	6		1		2		2	2	[illegible]
Trichophytosis (Class XVIII, Inter. 145A).	FA	1	77	1	74	1				4		[illegible]
	SY		19	2	18					3		[illegible]
	H	1	36	6	42						1	[illegible]
Trichuriasis (Class XVIII, Inter. 107).	FA		1		1							[illegible]
	H		14		14							[illegible]
Tuberculosis, abdominal (Class VIII, Inter. 31).	FA			1						1		[illegible]
	SY		1	2			1	1		1		[illegible]
	H	1	1	6		3				4	1	[illegible]
Tuberculosis, acute bronchopneumonic (Class VIII, Inter. 29).	FA		4	2						6		[illegible]
	H	2	2	10		5	1	1		4	3	[illegible]
Tuberculosis, acute general (Class VIII, Inter. 29).	H	1	1	1		1	2					[illegible]
Tuberculosis, acute pneumonic (Class VIII, Inter. 29).	FA		11	6			1			16		[illegible]
	SY		9	3				1		10	1	[illegible]
	H	8	5	31		8	5	3		18	10	[illegible]
Tuberculosis, acute pulmonary miliary (Class VIII, Inter. 29).	FA		3	1						4		[illegible]
	SY		1							1		[illegible]
	H		2	12	1	2	1	2		6	2	[illegible]
Tuberculosis, chronic pulmonary (Class VIII, Inter. 28).	FA	1	110	41	1	2	1	7		141		[illegible]
	SY	7	38	42	6	2		12		56	11	[illegible]
	H	175	85	375	8	48	25	107	2	256	189	[illegible]
Tuberculosis of joint (Class VIII, Inter. 33).	FA		3	2						5		[illegible]
	SY			1				1				[illegible]
	H	1	2	4	1	1		1		3	1	[illegible]
Tuberculosis of pleura (Class VIII, Inter. 28).	H	1				1						[illegible]
Tuberculosis of spinal column (Class VIII, Inter. 32).	H	1	1				1	1				[illegible]
Tuberculosis, unqualified (Class VIII, Inter. 34).	FA	1	8	5	1					13		[illegible]
	SY	1	1		1					1		[illegible]
	H	4	7	16	4	4		1		11	7	[illegible]
Typhoid fever (Class VIII, Inter. 1).	FA		6		2	1				3		[illegible]
	SY		4	3	3					3	1	[illegible]
	H	1	3	8	5	4				2	1	[illegible]
Typhus fever (Class VIII, Inter. 2).	FA		3		1						2	[illegible]
	SY		2		1		1					[illegible]
Ulcer of duodenum (Class III, Inter. 105A).	FA		6	3		1	1			7		[illegible]
	SY		3	2	2					3		[illegible]
	H	3	4	12	7	5	1	2		1	3	[illegible]
Ulcer of eye and adnexa (Class VI, Inter. 75C).	FA		18		14					4		[illegible]
	SY		10	6	8					8		[illegible]
	H	2	2	11	9	1				3	2	[illegible]

ABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
lcer of mouth (Class III, Inter. 99B).	FA		4		3			1				43
	SY		4		3					1		4
	H		1	1	2							6
lcer of nasal passage (Class XIV, Inter. 86).	SY		1					1				9
lcer of rectum (Class III, Inter. 110B).	FA		1	1						2		0
	H	1		2	3							203
lcer of skin (Class XV, Inter. 145C)	FA	1	54	10	47	1				15	2	758
	SY	1	18	1	15					5		361
	H	2	7	19	15	5		1		3	4	1,105
lcer of stomach (Class III, Inter. 102).	FA		10	4	5					9		72
	SY		10	4	4	1				9		229
	H	7	4	19	11	9	2	2	1	3	2	999
lceromembranous angina (Class III, Inter. 100).	FA	1	42	3	36					10		204
	SY		5		2	1				2		26
	H	2	6	14	17	3				1	1	436
ncinariasis (Class XVIII, Inter. 106).	FA		13	1	12	1				1		63
	SY		11	2	9					4		42
	H		25	6	26	4					1	428
nion of fracture, faulty (Class XII, Inter. 146).	FA		18	5	2			5		15	1	138
	SY	1	9	3	3			5		5		57
	H	4	5	23	11	7		2		7	5	1,345
reteral colic (Class VII, Inter. 123).	FA		3	1	2					2		13
	H	1	1	3	4	1						16
rethritis, acute (Class VII, Inter. 125).	FA		11		11							27
rethritis, chronic (Class VII, Inter. 125).	FA		1							1		0
	H			1	1							24
rticaria (Class XV, Inter. 145C).	FA		34	2	33					1	2	141
	SY		11		9					2		45
	H		6	5	5	3		1		1	1	149
rticaria pigmentosa (Class XV, Inter. 145C).	FA		1		1							4
accinia (Class VIII, Inter. 19).	FA	3	145	1	143	3				2	1	646
	SY		125		112					13		518
	H			16	15	1						277
alvular disease, chronic cardiac (Class II, Inter. 79A).	FA	2	54	22	10	1		36		31		716
	SY		29	17	7		1	25		12	1	597
	H	4	27	42	12	7		20		28	6	2,496
aricocele (Class VII, Inter. 83).	FA		126	8	53			2		79		629
	SY		91	11	20			3		79		295
	H	11	15	157	147	16		2		2	16	4,719
arix (Class II, Inter. 83).	FA		48	8	11			1		44		200
	SY		27	6	6			2		25		77
	H	7	8	74	56	11		2		6	14	2,836
Vertigo (Class XVII, Inter. 189A).	FA		14	2	15			1				88
	SY		4	1	2					3		58
	H			3		1				1	1	32
Wart (Class XV, Inter. 145C).	FA		27	2	25					4		92
	SY		11		7					4		12
	H	2	5	9	14	1			1			603
Whooping cough (Class VIII, Inter. 8).	FA		1							1		7
	SY		1	1	2							38
Yaws (Class VIII, Inter. 19).	SY		12		12							45
Zoster (Class XIII, Inter. 145C).	FA	1	16		15					2		54
	SY		7		6					1		43
	H			3	3							52

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES.												
Abrasion, unqualified "G" (Class XX, Inter. 186).	FA		5		5							[illegible]
	SY		4		4							[illegible]
	H		1	2	3							[illegible]
Abrasion, unqualified "J" (Class XX, Inter. 186).	FA		4		4							[illegible]
	SY		5		5							[illegible]
Abrasion, unqualified "L" (Class XX, Inter. 186).	FA	1	38	1	39						1	[illegible]
	SY		44	1	29					16		[illegible]
	H		4	13	14	1					2	[illegible]
Abrasions, multiple "G" (Class XX, Inter. 186).	FA		3		2					1		[illegible]
	SY		3		2					1		[illegible]
	H			2	2							[illegible]
Abrasions, multiple "H" (Class XX, Inter. 186).	SY		1		1							[illegible]
Abrasions, multiple "J" (Class XX, Inter. 186).	FA		1		1							[illegible]
	SY		5		5							[illegible]
Abrasions, multiple "L" (Class XX, Inter. 186).	FA		6		6							[illegible]
	SY		14		5					9		[illegible]
	H		8	10	16						2	[illegible]
Avulsion of limb "H" (Class XX, Inter. 186).	FA		2	1	1			1		1		[illegible]
	H			1						1		[illegible]
Avulsion, unqualified "H" (Class XX, Inter. 186).	FA		2		2							[illegible]
Avulsion, unqualified "I" (Class XX, Inter. 186).	FA		2		2							[illegible]
	SY		1							1		[illegible]
	H			1							1	[illegible]
Avulsion, unqualified "L" (Class XX, Inter. 186).	FA		3		3							[illegible]
Blood donor (Class XX, Inter. 189B).	H		1								1	[illegible]
Burn "C" (Class XX, Inter. 167).	FA		3		3							[illegible]
Burn "F" (Class XX, Inter. 167).	FA		16		13					3		[illegible]
	SY		2		2							[illegible]
	H			3	3							[illegible]
Burn "G" (Class XX, Inter. 167).	FA		2		2							[illegible]
	SY		2		1					1		[illegible]
	H			2	2							[illegible]
Burn "H" (Class XX, Inter. 167).	FA		2		1					1		[illegible]
Burn "L" (Class XX, Inter. 167).	FA	1	149		146					4		[illegible]
	SY		21		15					5	1	[illegible]
	H		3	9	10						2	[illegible]
Burns, multiple "C" (Class XX, Inter. 167).	FA		5		4					1		[illegible]
	SY			1	1							[illegible]
	H			2	2							[illegible]
Burns, multiple "F" (Class XX, Inter. 167).	FA		23	4	15		3			9		[illegible]
	SY		11		7					4		[illegible]
	H	2		10	6	1	2		1	1	1	[illegible]
Burns, multiple "G" (Class XX, Inter. 167).	FA		3		2					1		[illegible]
	H			1	1							[illegible]
Burns, multiple "L" (Class XX, Inter. 167).	FA		61	1	57					5		[illegible]
	SY		10		7					3		[illegible]
	H	1	1	8	6		1			1		[illegible]
Compression of chest "I" (Class XX, Inter. 186).	FA		1		1							[illegible]
	SY		1				1					[illegible]
Compression of nerve "L" (Class XX, Inter. 186).	H		3		2	1						[illegible]

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Contusion "E" (Class XX, Inter. 186).	FA		3		3							37
	SY		1		1							7
	H			1	1							14
Contusion "F" (Class XX, Inter. 186.)	FA		2		2							0
Contusion "G" (Class XX, Inter. 186).	FA	2	210	6	190	2		1		22	3	1,319
	SY		45	4	34	1				13	1	301
	H	2	1	41	27	10		1		3	3	818
Contusion "H" (Class XX, Inter. 186).	FA		27		24					3		148
	SY		3		1					2		21
	H			7	4	3						206
Contusion "I" (Class XX, Inter. 186).	FA		137	1	124	2				11	1	1,005
	SY		16		14						2	131
	H		2	8	8	2						120
Contusion "J" (Class XX, Inter. 186).	FA		52		47					2	3	280
	SY		49	3	40					12		201
	H	1	3	16	16	4						140
Contusion "L" (Class XX, Inter. 186).	FA	2	292	2	279	3				10	4	1,606
	SY	2	54	4	43	1				13	3	281
	H	1	8	21	23	5		1	1			535
Contusions, multiple "G" (Class XX, Inter. 186).	FA	1	22		17	1				5		134
	SY	1	4	1	5					1		39
	H	2	1	9	8	4						207
Contusions, multiple "H" (Class XX, Inter. 186).	FA		4		4							90
	H			1	1							4
Contusions, multiple "I" (Class XX, Inter. 186).	FA		2		2							6
	SY		1		1							3
Contusions, multiple "J" (Class XX, Inter. 186).	FA		3		3							28
	SY		4		4							24
Contusions, multiple "L" (Class XX, Inter. 186).	FA		13		10					2	1	100
	SY		10	1	8					3		112
	H			3	3							148
Crush of lower limb "H" (Class XX, Inter. 186).	FA		2		1					1		27
Crush of lower limb "I" (Class XX, Inter. 186).	FA		2		1					1		13
	SY		1							1		0
	H			4				2		1	1	431
Crush of lower limb "L" (Class XX, Inter. 186).	H		1				1					0
Crush of upper limb "H" (Class XX, Inter. 186).	FA		3		2					1		47
	SY		2	1	3							13
	H			2						1	1	91
Crush of upper limb "I" (Class XX, Inter. 186).	FA		4		3					1		58
	SY		1		1							17
	H			1	1							50
Crush of upper limb "L" (Class XX, Inter. 186).	SY		1		1							11
Dislocation about ankle "G" (Class XX, Inter. 185A).	FA		2	1	1					2		40
	H			3		2				1		54
Dislocation about ankle "J" (Class XX, Inter. 185A).	FA		1		1							11
	SY		1		1							11
Dislocation about ankle "L" (Class XX, Inter. 185A).	FA		1							1		1
	H			2						1	1	109
Dislocation about wrist "G" (Class XX, Inter. 185A).	FA		4		2					2		13
	SY		1	1	2							19
	H			2		1		1				175
Dislocation about wrist "H" (Class XX, Inter. 185A).	FA		2							2		0
	SY			1	1							68

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Dislocation about wrist "I" (Class XX, Inter. 185A).	FA		1							1		[illegible]
Dislocation about wrist "J" (Class XX, Inter. 185A).	FA		1		1							13
Dislocation about wrist "L" (Class XX, Inter. 185A).	FA		3	1	3					1		64
	H			2	1	1						45
Dislocation of clavicle "G" (Class XX, Inter. 185A).	FA		1							1		18
	H			1	1							46
Dislocation of clavicle "I" (Class XX, Inter. 185A).	FA		2							2		5
	H			1	1							[illegible]
Dislocation of clavicle "J" (Class XX, Inter. 185A).	FA		1		1							35
	H	1	1		2							32
Dislocation of clavicle "L" (Class XX, Inter. 185A).	FA		1	1						2		7
	H			2	1					1		23
Dislocation of elbow "G" (Class XX, Inter. 185A).	FA	1	3	3	5					2		54
	SY		2	1	1					2		32
	H			2	1	1						19
Dislocation of elbow "I" (Class XX, Inter. 185A).	FA		1	1	2							21
Dislocation of elbow "J" (Class XX, Inter. 185A).	FA	1			1							14
	SY		1							1		8
	H		1	2	1			1		1		47
Dislocation of elbow "L" (Class XX, Inter. 185A).	FA		1		1							5
	H			1							1	31
Dislocation of hip "G" (Class XX, Inter. 185A).	H	1						1				190
Dislocation of intra-articular cartilage of joint "G" (Class XX, Inter. 185A).	FA		7	2	3					6		40
	SY		1	1	1					1		60
	H	1	2	7	4	2		2		2		[illegible]
Dislocation of intra-articular cartilage of joint "J" (Class XX, Inter. 185A).	FA		4	1	2					3		35
	SY		1	3	1					3		23
	H		1	4	3	1					1	139
Dislocation of knee "G" (Class XX, Inter. 185A).	FA		1		1							9
	SY		2	1		1				2		10
	H			3		1				2		6
Dislocation of knee "H" (Class XX, Inter. 185A).	H		1	1	1					1		21
Dislocation of knee "L" (Class XX, Inter. 185A).	SY		1					1				9
Dislocation of maxilla, inferior "L" (Class XX, Inter. 185A).	FA		1		1							6
Dislocation of shoulder "G" (Class XX, Inter. 185A).	FA		8	3	10			1				113
	SY		3		2					1		19
	H			1	1							42
Dislocation of shoulder "J" (Class XX, Inter. 185A).	FA		4	1	5							36
	SY		5		1					4		2
	H		4		3			1				47
Dislocation of shoulder "L" (Class XX, Inter. 185A).	FA		13	4	13					4		60
	SY		1	1	1					1		3
	H			5	4						1	150
Dislocation of testicle "L" (Class XX, Inter. 185A).	SY		1	1				1		1		2
	H			1						1		13
Dislocation, unqualified "G" (Class XX, Inter. 185A).	FA		4		4							37
	H		2	1	2			1				31

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Dislocation, unqualified "H" (Class XX, Inter. 185A).	FA		1		1							37
Dislocation, unqualified "I" (Class XX, Inter. 185A).	FA		4		3					1		63
	H			1	1							21
Dislocation, unqualified "J" (Class XX, Inter. 185A).	FA		7		6					1		77
	SY		4	1	3					2		91
	H		1	3	3	1						7
Dislocation, unqualified "L" (Class XX, Inter. 185A).	FA	1	9		8					2		60
	SY		1		1							1
	H		3		3							156
Drowning "A" (Class XX, Inter. 169B).	FA		2				2					0
	SY		1				1					0
Drowning "D" (Class XX, Inter. 169B).	FA		28				28					0
	SY		11				11					0
	H		3				3					0
Electric shock, injury from "L" (Class XX, Inter. 181).	FA		1		1							1
	SY		1		1							24
Epiphyseal separation "L" (Class XX, Inter. 185C).	SY		1							1		0
	H			1	1							9
Exhaustion from overexertion and exposure "D" (Class XX, Inter. 177A).	FA		1		1							4
Exhaustion from overexertion and exposure "L" (Class XX, Inter. 177A).	FA		1		1							1
	H		1		1							2
Foreign body, traumatic "E" (Class XX, Inter. 186).	FA		3	1	1	1		1		1		17
	H		1	2	1	1				1		29
Foreign body, traumatic "F" (Class XX, Inter. 186).	FA		2	1	3							45
Foreign body, traumatic "G" (Class XX, Inter. 186).	H			1	1							18
Foreign body, traumatic "H" (Class XX, Inter. 186).	FA		2		1					1		0
	H			3	3							51
Foreign body, traumatic "I" (Class XX, Inter. 186).	FA		1		1							4
Foreign body, traumatic "J" (Class XX, Inter. 186).	FA		1							1		0
Foreign body, traumatic "K" (Class XX, Inter. 186).	FA		1							1		4
	SY			1						1		0
	H		1	2	3							95
Foreign body, traumatic "L" (Class XX, Inter. 186).	FA		41		30					11		124
	SY		5		4					1		10
	H		3	10	11	1					1	186
Fracture about ankle joint, compound "G" (Class XX, Inter. 185C).	H			1	1							89
Fracture about ankle joint, compound "I" (Class XX, Inter. 185C).	FA	1	1		1					1		66
	SY	1			1							30
Fracture about ankle joint, simple "G" (Class XX, Inter. 185C).	FA	1	13	2	3					11	2	125
	SY	1	3	1	4					1		63
	H	2	3	14	10	3				1	5	1,062

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture about ankle joint, simple "H" (Class XX, Inter. 185C).	FA		1							1		[illegible]
	H			1							1	[illegible]
Fracture about ankle joint, simple "I" (Class XX, Inter. 185C).	FA		3		2					1		112
	SY		3	1	1	1				2		[illegible]
	H			3	2	1						115
Fracture about ankle joint, simple "J" (Class XX, Inter. 185C).	FA		4	1	3					2		[illegible]
	SY	1	1		1					1		[illegible]
	H		4	4	6	1					1	[illegible]
Fracture about ankle joint, simple "L" (Class XX, Inter. 185C).	FA		3							3		[illegible]
	SY		2							2		5
	H	1	1	8	4	2		1		1	2	[illegible]
Fracture about wrist joint, compound "E" (Class XX, Inter. 185C).	FA		2	1	2					1		[illegible]
Fracture about wrist joint, compound "I" (Class XX, Inter. 185C).	SY		1							1		[illegible]
	H			2	1					1		[illegible]
Fracture about wrist joint, simple "G" (Class XX, Inter. 185C).	FA	1	10		7	1				3		[illegible]
	SY		2	1	1			1		1		[illegible]
	H	1	1	6	5	1				2		[illegible]
Fracture about wrist joint, simple "H" (Class XX, Inter. 185C).	FA	1	4		3					2		[illegible]
	SY		3	1	2					2		[illegible]
	H			3	1						2	[illegible]
Fracture about wrist joint, simple "I" (Class XX, Inter. 185C).	FA		2		1					1		[illegible]
Fracture about wrist joint, simple "J" (Class XX, Inter. 185C).	FA		2		2							[illegible]
	SY		2		1					1		[illegible]
	H		1	1	1			1				[illegible]
Fracture about wrist joint, simple "L" (Class XX, Inter. 185C).	FA		7	1	4					3	1	[illegible]
	SY		3		2					1		[illegible]
	H	1	2	4	4	1				1	1	[illegible]
Fracture of clavicle, simple "G" (Class XX, Inter. 185C.)	FA		9	2	4					7		[illegible]
	SY		4		3					1		[illegible]
	H	3		8	10						1	[illegible]
Fracture of clavicle, simple "H" (Class XX, Inter. 185C).	FA		2							2		[illegible]
	H			2	1						1	[illegible]
Fracture of clavicle, simple "I" (Class XX, Inter. 185C).	FA		2		1					1		[illegible]
	H			2	1	1						[illegible]
Fracture of clavicle, simple "J" (Class XX, Inter. 185C).	FA		3		1					2		[illegible]
	SY		1							1		[illegible]
	H	1		3	2	1					1	[illegible]
Fracture of clavicle, simple "L" (Class XX, Inter. 185C).	FA		3		1					1	1	[illegible]
	H			1	1							[illegible]
Fracture of femur, compound "I" (Class XX, Inter. 185C).	SY		1				1					[illegible]
Fracture of femur, simple "G" (Class XX, Inter. 185C).	FA		2	3	1					4		34
	SY			1	1							[illegible]
	H	1	1	2	2						2	141
Fracture of femur, simple "I" (Class XX, Inter. 185C).	FA		1		1							115
Fracture of femur, simple "J" (Class XX, Inter. 185C).	SY		1							1		[illegible]

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of femur, simple "L" (Class XX, Inter. 185C).	SY			1				1				1
	H	1								1		34
Fracture of forearm, compound "G" (Class XX, Inter. 185C).	FA		1	1						2		4
	H			1	1							89
Fracture of forearm, compound "H" (Class XX, Inter. 185C).	FA		1							1		3
	H			1							1	77
Fracture of forearm, compound "J" (Class XX, Inter. 185C).	FA		1							1		13
	H			1							1	34
Fracture of forearm, simple "F" (Class XX, Inter. 185C).	SY		1								1	19
Fracture of forearm, simple "G" (Class XX, Inter. 185C).	FA		14	1	5					9	1	157
	SY		6	2	2			1		5		59
	H	4		17	10	3				3	5	754
Fracture of forearm, simple "H" (Class XX, Inter. 185C).	FA	1	2		1					2		15
	SY		2		2							22
	H			3	2					1		201
Fracture of forearm, simple "I" (Class XX, Inter. 185C).	FA		2		2							41
Fracture of forearm, simple "J" (Class XX, Inter. 185C).	FA		4	1	1					4		52
	SY		1							1		0
	H	2	1	4	5	1					1	565
Fracture of forearm, simple "L" (Class XX, Inter. 185C).	FA		8	1	5					4		99
	H		2	4	3	1					2	152
Fracture of humerus, compound "I" (Class XX, Inter. 185C).	FA			1						1		9
	H			2	1	1						174
Fracture of humerus, compound "L" (Class XX, Inter. 185C).	FA	1			1							48
Fracture of humerus, simple "G" (Class XX, Inter. 185C).	FA		1							1		0
	SY		3	2	2					3		62
	H	2	2	2	3						3	227
Fracture of humerus, simple "I" (Class XX, Inter. 185C).	FA		1	1	1					1		56
	H			1		1						14
Fracture of humerus, simple "J" (Class XX, Inter. 185C).	SY		2		1					1		45
	H	2		2	3	1						94
Fracture of humerus, simple "L" (Class XX, Inter. 185C).	FA		2					1		1		3
	H			1							1	3
Fracture of leg, compound "B" (Class XX, Inter. 185C).	SY		1							1		30
	H			1							1	83
Fracture of leg, compound "G" (Class XX, Inter. 185C).	FA		1	1				1		1		1
	H	1		1		1				1		16
Fracture of leg, compound "H" (Class XX, Inter. 185C).	FA		1							1		2
	H	1		1	1						1	197
Fracture of leg, compound "I" (Class XX, Inter. 185C).	FA		1							1		0
	H			1							1	230

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of leg, compound "J" (Class XX, Inter. 185C).	FA		1	1						2		2
	SY		2	1	1					2		85
	H			2						1	1	86
Fracture of leg, compound "L" (Class XX, Inter. 185C).	FA		4							4		7
	SY		2							2		0
	H			9	2	2				2	3	831
Fracture of leg, simple "G" (Class XX, Inter. 185C).	FA	1	9	1	6					5		204
	SY		4	1	1					4		123
	H	5	2	11	10	1			1	2	4	1,423
Fracture of leg, simple "H" (Class XX, Inter. 185C).	FA		1	1	1					1		29
	SY			1						1		31
Fracture of leg, simple "I" (Class XX, Inter. 185C).	FA		5		1					4		43
	H			3	2						1	256
Fracture of leg, simple "J" (Class XX, Inter. 185C).	FA		2							2		9
	SY		5		2					2	1	130
	H	1	1	3	3	1					1	263
Fracture of leg, simple "L" (Class XX, Inter. 185C).	FA	1	6	2	3					6		288
	H	2		9	3	1				3	4	675
Fracture of maxilla, inferior, compound "G" (Class XX, Inter. 185C).	H			1	1							61
Fracture of maxilla, inferior, compound "I" (Class XX, Inter. 185C).	FA		1							1		6
	H			1	1							57
Fracture of maxilla, inferior, compound "J" (Class XX, Inter. 185C).	SY		1							1		0
	H			1	1							44
Fracture of maxilla, inferior, compound "L" (Class XX, Inter. 185C).	FA		9	2	6					5		116
	SY		3		1					2		27
	H		1	6	3					1	3	481
Fracture of maxilla, inferior, simple "G" (Class XX, Inter. 185C).	FA		1		1							25
	SY		1		1							31
	H	1			1							70
Fracture of maxilla, inferior, simple "H" (Class XX, Inter. 185C).	SY		1		1							9
Fracture of maxilla, inferior, simple "J" (Class XX, Inter. 185C).	FA		1							1		4
	SY		1							1		0
	H			3	1	1					1	64
Fracture of maxilla, inferior, simple "L" (Class XX, Inter. 185C).	FA		11		1					10		41
	SY		3	1	2					2		58
	H	3		12	6	3				2	4	364
Fracture of patella, simple "G" (Class XX, Inter. 185C).	FA	1	4		2					3		134
	SY			1	1							97
	H		1	2	1					1	1	186
Fracture of patella, simple "H" (Class XX, Inter. 185C).	FA		1		1							25
Fracture of pelvis, simple "G" (Class XX, Inter. 185C).	H		1		1							113
Fracture of rib, compound "L" (Class XX, Inter. 185C).	FA		1		1							5
Fracture of rib, simple "G" (Class XX, Inter. 185C).	FA		19		15					3	1	143
	SY		3		2					1		28
	H		2	6	6	1				1		193
Fracture of rib, simple "I" (Class XX, Inter. 185C).	FA		2		1					1		18

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of rib, simple "J" (Class XX, Inter. 185C).	FA		5	1	5					1		39
	H	1			1							26
Fracture of rib, simple "L" (Class XX, Inter. 185C).	FA		4		3					1		62
	SY		2		2							10
	H		1	3	3	1						57
Fracture of skull, compound "G" (Class XX, Inter. 185C).	FA		6				2			4		2
	SY			1						1		188
	H			4					1	1	2	201
Fracture of skull, compound "H" (Class XX, Inter. 185C).	FA		1				1					0
Fracture of skull, compound "I" (Class XX, Inter. 185C).	FA		4				2			2		60
	H			2				1		1		69
Fracture of skull, compound "L" (Class XX, Inter. 185C).	FA		2	1	1					2		51
	SY		1						1			23
	H			3	2						1	150
Fracture of skull, simple "A" (Class XX, Inter. 185C).	SY		1				1					0
Fracture of skull, simple "B" (Class XX. Inter. 185C).	SY		1				1					0
Fracture of skull, simple "G" (Class XX, Inter. 185C).	SY		3	1	1			1		2		4
	H	2	1	2	2		2			1		38
Fracture of skull, simple "L" (Class XX, Inter. 185C).	FA		6	1	1			2		3	1	50
	SY		1							1		0
	H		1	8	1	5		2		1		448
Fracture of vertebra, simple "G" (Class XX, Inter. 185C).	FA		1							1		0
	SY		1				1					0
	H			1							1	10
Fracture of vertebra, simple "J" (Class XX, Inter. 185C).	FA		1				1					1
Fracture, unqualified, compound "E" (Class XX, Inter. 185C).	FA		1		1							35
Fracture, unqualified, compound "G" (Class XX, Inter. 185C).	FA		2		2							8
Fracture, unqualified, compound "H" (Class XX, Inter. 185C.)	FA		11	3	8			2		4		301
	H		3	4	5					1	1	476
Fracture, unqualified, compound "I" (Class XX, Inter. 185C).	FA	1	18	3	13			1		8		346
	SY		3	1	2					2		74
	H	2	1	8	3	3	1	1			3	1,068
Fracture, unqualified, compound "J" (Class XX, Inter. 185C).	FA		3		2					1		9
	SY		4		3					1		25
	H			2	1	1						19
Fracture, unqualified, compound "L" (Class XX. Inter. 185C).	FA		17	2	11					7	1	110
	SY		3	2	2					3		46
	H	2		7	4					2	3	249
Fracture, unqualified, simple "E" (Class XX, Inter. 185C).	FA	1			1							6
Fracture, unqualified, simple "G" (Class XX, Inter. 185C).	FA		24	5	17					12		246
	SY		6	2	4	1				3		107
	H	2		14	9	4					3	404

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture, unqualified, simple "H" (Class XX, Inter. 185C).	FA	1	12	1	12					2		303
	H	1	1	2	2			1		1		106
Fracture, unqualified, simple "I" (Class XX, Inter. 185C).	FA	2	24		23				1	2		432
	SY	1	3		3						1	51
	H		2	5	5	1					1	251
Fracture, unqualified, simple "J" (Class XX, Inter. 185C).	FA	3	26		27					2		406
	SY		18	2	9					11		108
	H	1	3	13	14	2					1	317
Fracture, unqualified, simple "L" (Class XX, Inter. 185C).	FA	5	130	8	111	1				28	3	1,806
	SY	3	33	2	23					13	2	382
	H	4	7	34	34	3		1	1	1	5	1,424
Frostbite "L" (Class XX, Inter. 178.)	FA		5		5							6
	SY		4		4							22
Heat cramps "L" (Class XX, Inter. 179A).	FA		91	2	93							176
	H		1		1							11
Heat exhaustion "C" (Class XX, Inter. 179A).	H			1	1							146
Heat exhaustion "L" (Class XX, Inter. 179A).	FA		110	4	107	1	2			4		275
	SY		3	1	3					1		95
	H		1	6	2	1				3	1	151
Hematoma, traumatic "G" (Class XX, Inter. 186).	FA		1		1							4
	H		1	1	1				1			37
Hematoma, traumatic "I" (Class XX, Inter. 186).	FA		1		1							16
Hematoma, traumatic "J" (Class XX, Inter. 186).	SY		1		1							8
Hematoma, traumatic "L" (Class XX, Inter. 186).	FA		3		3							25
Hemorrhage into eyeball "L" (Class XX, Inter. 186).	FA		1							1		6
	SY		3		3							14
	H		1	2		1		1			1	178
Hemorrhage into joint, traumatic "G" (Class XX, Inter. 186).	SY		1							1		1
	H			1	1							6
Hemorrhage under conjunctiva, traumatic "L" (Class XX, Inter. 186).	FA		2		2							7
Intracranial injury "G" (Class XX, Inter. 186).	FA	1	11	2	8					5	1	138
	SY		2		1					1		7
	H	2		7	6	2		1				544
Intracranial injury "J" (Class XX, Inter. 186)	FA		2	1	1					2		7
	H			2	2							62
Intracranial injury "K" (Class XX, Inter. 186).	FA		1		1							2
Intracranial injury "L" (Class XX, Inter. 186).	FA		6		3					3		21
	SY			1				1				2
	H	1	4	5	6	2				1	1	328
Intraspinal injury "G" (Class XX, Inter. 186).	FA		1					1				27
	SY		1		1							105
Intraspinal injury "L" Class XX, Inter. 186).	SY		1							1		0
	H			1	1							11
Multiple injuries, extreme "G" (Class XX, Inter. 186).	FA		1		1							22
Multiple injuries, extreme "I" (Class XX, Inter. 186).	SY		4							2	2	76

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Multiple injuries, extreme "L" (Class XX, Inter. 186)	FA		1				1					0
Rupture of ligament "G" (Class XX, Inter. 186).	SY		1							1		78
	H	1		1		1				1		69
Rupture of ligament "J" (Class XX, Inter. 186).	SY		3		1					2		7
	H			2	2							20
Rupture of muscle "G" (Class XX, Inter. 186).	FA		1		1							11
Rupture of muscle "H" (Class XX, Inter. 186).	FA		1		1							7
Rupture of muscle "I" (Class XX, Inter. 186).	FA		1		1							12
Rupture of muscle "J" (Class XX, Inter. 186).	H		1		1							0
Rupture of muscle "L" (Class XX, Inter. 186).	FA		1		1							0
	H		2	1	2	1						47
Rupture of nerve "H" (Class XX, Inter. 186).	SY		1							1		12
	H			1	1							0
Rupture of tympanum, traumatic "E" (Class XX, Inter. 186).	FA		4		4							0
	SY		1		1							0
Rupture of tympanum, traumatic "F" (Class XX, Inter. 186).	FA		2		2							20
Rupture of tympanum, traumatic "G" (Class XX, Inter. 186).	H		1			1						0
Rupture of tympanum, traumatic "I" (Class XX, Inter. 186).	SY		1		1							0
Rupture of tympanum, traumatic "J" (Class XX, Inter. 186).	FA		2		2							1
	SY		1		1							0
Rupture of tympanum, traumatic "L" (Class XX, Inter. 186).	FA		4		2					2		0
	H			2	2							42
Skin donor "L" (Class XX, Inter. 189B).	H		1		1							10
Sprain of joint "D" (Class XX, Inter. 185B).	FA		1			1						2
Sprain of joint "E" (Class XX, Inter. 185B).	SY		2		2							9
Sprain of joint "F" (Class XX, Inter. 185B).	H			1	1							8
Sprain of joint "G" (Class XX, Inter. 185B).	FA	1	237	3	212	4		1		21	3	1,692
	SY	1	103	10	92	1		2		17	2	807
	H	6	5	42	35	7		2		4	5	1,646
Sprain of joint "H" (Class XX, Inter. 185B).	FA		8		6					2		43
	SY		2		2							7
	H		1		1							40
Sprain of joint "I" (Class XX, Inter. 185B).	FA		15		15							128
	SY		1	1	1			1				5
	H	1		2		1				2		54
Sprain of joint "J" (Class XX, Inter. 185B).	FA	1	122	5	115			1		11	1	798
	SY	2	106	5	81					31	1	461
	H	2	5	40	36	7		1		2	1	629

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Sprain of joint "L" (Class XX, Inter. 185B).	FA	1	165	3	159					8	2	[illegible]
	SY	4	49	7	39	2		1		17	1	[illegible]
	H	2	11	26	26	6				3	4	[illegible]
Strain of muscle "F" (Class XX, Inter. 186).	FA		1		1							5
Strain of muscle "G" (Class XX, Inter. 186).	FA		10	1	8					3		35
	SY		6		6							[illegible]
	H			3	1	1					1	[illegible]
Strain of muscle "I" (Class XX, Inter. 186).	FA		1		1							5
Strain of muscle "J" (Class XX, Inter. 186).	FA		8		8							[illegible]
	SY		11	1	10	1				1		[illegible]
	H		4	1	4	1						53
Strain of muscle "L" (Class XX, Inter. 186).	FA		43	1	41					3		[illegible]
	SY		8		8							[illegible]
	H		5	3	6	1				1		[illegible]
Strangulation "A" (Class XX, Inter. 186).	FA		2				2					[illegible]
Strangulation "J" (Class XX, Inter. 186).	FA		1		1							3
Submersion "D" (Class XX, Inter. 169A).	FA		1		1							2
Sunburn "J" (Class XX, Inter. 167).	FA		7		7							[illegible]
	SY		1		1							1
Sunburn "L" (Class XX, Inter. 167).	FA		55		55							[illegible]
	SY		5		5							11
	H		1		1							5
Sunstroke "L" (Class XX, Inter. 179B).	FA		8	1	6					3		[illegible]
	SY		2	1	3							15
	H			1				1				[illegible]
Synovitis, traumatic "D" (Class XX, Inter. 186).	FA		1							1		[illegible]
Synovitis, traumatic "G" (Class XX, Inter. 186).	FA	2	19	3	17	1				5	1	215
	SY		10	4	8			1		5		[illegible]
	H	3		13	11	3				1	1	[illegible]
Synovitis, traumatic "H" (Class XX, Inter. 186).	FA		1		1							6
	H		1		1							55
Synovitis, traumatic "I" (Class XX, Inter. 186).	FA		1		1							5
Synovitis, traumatic "J" (Class XX, Inter. 186).	FA		7	2	8					1		107
	SY	1	13	2	13					3		72
	H			4	2	2						13
Synovitis, traumatic "L" (Class XX, Inter. 186).	FA		17		14					3		[illegible]
	SY		5	1	5					1		35
	H	1	1	3	1			1		2	1	270
Thermic fever "L" (Class XX, Inter. 179A).	FA		11		11							[illegible]
	SY		1		1							2
	H		1				1					1
Torsion of spermatic cord, traumatic "L" (Class XX, Inter. 186).	FA		1							1		[illegible]
	SY		1		1							4
	H			1		1						16
Wound, gunshot, abdominal viscera "B" (Class XX, Inter. 170).	SY		1				1					[illegible]
Wound, gunshot, abdominal viscera "E" (Class XX, Inter. 170).	FA		1							1		[illegible]
	H			1		1						14

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, gunshot, abdominal viscera "K" (Class XX, Inter. 170).	FA		3				3					0
	SY		1							1		0
	H			2	1					1		107
Wound, gunshot, brain "A" (Class XX, Inter. 170).	FA		1				1					0
	SY		4				4					0
Wound, gunshot, brain "B" (Class XX, Inter. 170).	SY		1				1					0
Wound, gunshot, brain "E" (Class XX, Inter. 170).	FA		1				1					0
Wound, gunshot, brain "K" (Class XX, Inter. 170).	FA		8				8					0
	SY		1				1					0
Wound, gunshot, heart "A" (Class XX, Inter. 170).	FA		1				1					0
Wound, gunshot, heert "E" (Class XX, Inter. 170).	SY		1				1					0
Wound, gunshot, lower limb "B" (Class XX, Inter. 170).	FA		1							1		0
	H			1				1				33
Wound, gunshot, lower limb "E" (Class XX, Inter. 170).	FA	2	7	2	8					2	1	106
	SY		6	4	5			1		4		100
	H	3	1	4	5	1					2	294
Wound, gunshot, lower limb "K" (Class XX, Inter. 170).	FA		26		10					16		259
	SY		3	2	2					3		98
	H			30	13	2	1	1		13		1,253
Wound, gunshot, lower limb "L" (Class XX, Inter. 170).	FA		1		1							11
Wound, gunshot, lung "A" (Class XX, Inter. 170).	SY	1			1							15
Wound, gunshot, lung "K" (Class XX, Inter. 170).	FA		5	1			4			2		43
	SY			1	1							92
	H			1						1		36
Wound, gunshot, neck "K" (Class XX, Inter. 170).	FA		3	1			1			3		3
	H			5	4					1		264
Wound, gunshot, pleura "A" (Class XX, Inter. 170).	FA		1	1				1		1		49
	H			1						1		88
Wound, gunshot, pleura "K" (Class XX, Inter. 170).	FA		1							1		0
Wound, gunshot, spinal cord "K" (Class XX, Inter. 170).	H			1			1					13
Wound, gunshot, upper limb "E" (Class XX, Inter. 170).	FA	1	10	2	7			1		5		189
	SY	1	8	1	6					4		94
	H	1		10	4	2		1		2	2	481
Wound, gunshot, upper limb "F" (Class XX, Inter. 170).	FA		1							1		0
	H			1		1						105
Wound, gunshot, upper limb "K" (Class XX, Inter. 170).	FA		13	1	5					9		45
	SY		2							2		0
	H			24	9			3		11	1	1,343
Wound, gunshot, upper limb "L" (Class XX, Inter. 170).	FA		1							1		0
	H			1	1							26
Wound, gunshot, unqualified "A" (Class XX, Inter. 170).	SY		1							1		0
	H			1	1							20

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, gunshot, unqualified "E" (Class XX, Inter. 170).	FA	1	3	1						5		22
	SY		3	1	2					2		21
	H			6	2		1			1	2	189
Wound, gunshot, unqualified "F" (Class XX, Inter. 170).	FA		2		2							32
	SY		1							1		0
	H			1							1	39
Wound, gunshot, unqualified "K" (Class XX, Inter. 170).	FA		21	2	5					18		14
	SY		3	1						4		1
	H	1		26	15	1				10	1	1,378
Wound, incised, lower limb "G" (Class XX, Inter. 171).	FA		7		7							64
Wound, incised, lower limb "I" (Class XX, Inter. 171).	FA		1		1							13
Wound, incised, lower limb "J" (Class XX, Inter. 171).	FA		3		3							26
Wound, incised, lower limb "L" (Class XX, Inter. 171).	FA		23		22					1		140
	SY		6		5					1		26
	H		1	4	5							174
Wound, incised, neck "A" (Class XX, Inter. 171).	FA		1				1					0
	SY		1							1		0
	H			2	1		1					35
Wound, incised, neck "B" (Class XX, Inter. 171).	SY		1		1							7
Wound, incised, neck "L" (Class XX, Inter. 171).	SY		1	1	1					1		16
Wound, incised, upper limb "A" (Class XX, Inter. 171).	SY		1		1							9
Wound, incised, upper limb "B" (Class XX, Inter. 171).	FA		1							1		0
Wound, incised, upper limb "G" (Class XX, Inter. 171).	FA		5	1	5					1		13
	SY		3							3		7
	H			2	2							79
Wound, incised, upper limb "H" (Class XX, Inter. 171).	FA		5		5							53
	SY		9		7					2		80
	H			2	2							60
Wound, incised, upper limb "I" (Class XX, Inter. 171).	H	1				1						36
Wound, incised, upper limb "L" (Class XX, Inter. 171).	FA		54	1	52					3		419
	SY		17		12					5		99
	H		4	10	10				1		3	445
Wound, incised, unqualified "B" (Class XX, Inter. 171).	FA		6	1	6						1	40
	SY		1		1							9
Wound, incised, unqualified "E" (Class XX, Inter. 171).	FA		1		1							4
Wound, incised, unqualified "G" (Class XX, Inter. 171).	FA		10	1	9					2		47
	SY		3		1					2		8
	H			4	3	1						27
Wound, incised, unqualified "H" (Class XX, Inter. 171).	FA		5		5							43
	SY		1					1				2
Wound, incised, unqualified "I" (Class XX, Inter. 171).	FA		1		1							3
Wound, incised, unqualified "J" (Class XX, Inter. 171).	H	1			1							4

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, incised, unqualified "L" (Class XX, Inter. 171).	FA SY H	 1	57 13 2	1 2 5	51 11 7	....	....	...... 3	....	6 1 1	1	325 215 115
Wound, lacerated, abdominal viscera "G" (Class XX, Inter. 186).	FA H	 1	1	....	 1	....	1	....	....	....	....	0 137
Wound, lacerated, abdominal viscera "L" (Class XX, Inter. 186).	FA H	....	1 1	 1	 1	1	....	....	....	 1	....	2 139
Wound, lacerated, artery (main) "A" (Class XX, Inter. 186).	SY	......	1	......	......	......	1	......	....	......	......	0
Wound, lacerated, brain "H" (Class XX, Inter. 186).	FA	......	1	......	......	......	1	......	....	......	......	0
Wound, lacerated, lower limb "C" (Class XX, Inter. 186).	H	......	1	......	1	......	......	......	....	......	......	16
Wound, lacerated, lower limb "E" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	3
Wound, lacerated, lower limb "G" (Class XX, Inter. 186).	FA SY H	1 2	20 2	 2	21 1 4	....	....	....	....	...... 1	....	276 27 171
Wound, lacerated, lower limb "H" (Class XX, Inter. 186).	FA SY H	....	8 2 1	1 6	4 1 5	....	....	....	....	5 1 1	 1	101 21 391
Wound, lacerated, lower limb "I" (Class XX, Inter. 186).	FA H	1	20	 4	19 2	....	....	....	....	2 1	 1	294 131
Wound, lacerated, lower limb "J" (Class XX, Inter. 186).	FA SY H	....	3 6 1	 1	3 5 2	....	....	....	....	...... 1	....	50 97 33
Wound, lacerated, lower limb "L" (Class XX, Inter. 186).	FA SY H	....	37 12 3	1 3 5	32 11 7	 1	....	....	....	5 4	1	415 96 108
Wound, lacerated, upper limb "C" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	12
Wound, lacerated, upper limb "E" (Class XX, Inter. 186).	FA	......	2	......	2	......	......	......	....	......	......	16
Wound, lacerated, upper limb "F" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	16
Wound, lacerated, upper limb "G" (Class XX, Inter. 186).	FA SY H	....	9 4 2	 2	8 3 3	....	....	....	....	1 1	 1	107 26 61
Wound, lacerated, upper limb "H" (Class XX, Inter. 186).	FA SY H	1	53 15	4 1 14	44 14 10	....	....	....	....	14 1 1	...... 1 3	741 169 653
Wound, lacerated, upper limb "I" (Class XX, Inter. 186).	FA SY H	2	42 4 1	3 4	39 3 4	1 1	....	....	....	6 1	1	596 42 168
Wound, lacerated, upper limb "J" (Class XX, Inter. 186).	FA SY	....	4 1	....	4 1	....	....	....	....	....	....	24 2

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, lacerated, upper limb "L" (Class XX, Inter. 186).	FA	2	85		79					7	1	[illegible]
	SY	1	22	1	23			1				[illegible]
	H	1	1	7	6					1	2	[illegible]
Wound, lacerated, unqualified "B" (Class XX, Inter. 186).	FA		2		2							[illegible]
Wound, lacerated, unqualified "E" (Class XX, Inter. 186).	FA		1		1							[illegible]
Wound, lacerated, unqualified "G" (Class XX, Inter. 186).	FA		38	2	34	1				5		[illegible]
	SY		10		6					4		[illegible]
	H	1	1	4	4	1					1	[illegible]
Wound, lacerated, unqualified "H" (Class XX, Inter. 186).	FA		41	1	40					5		[illegible]
	SY		4		1					3		[illegible]
	H			7	3	3					1	[illegible]
Wound, lacerated, unqualified "I" (Class XX, Inter. 186).	FA		30	1	27					2	2	[illegible]
	SY	1	3		4							[illegible]
	H	1	1	2	3					1		[illegible]
Wound, lacerated, unqualified "J" (Class XX, Inter. 186).	FA		8		8							[illegible]
	SY		6		5					1		[illegible]
	H			1	1							[illegible]
Wound, lacerated, unqualified "L" (Class XX, Inter. 186).	FA	1	152	3	141					14	1	[illegible]
	SY		22	3	20					5		[illegible]
	H	1	2	20	16	4				1	2	[illegible]
Wound, punctured, heart "A" (Class XX, Inter. 171).	FA		1				1					[illegible]
Wound, punctured, lower limb "F" (Class XX, Inter. 171).	H			1	1							[illegible]
Wound, punctured, lower limb "G" (Class XX, Inter. 171).	H		1		1							[illegible]
Wound, punctured, lower limb "J" (Class XX, Inter. 171).	SY		3		3							[illegible]
Wound, punctured, lower limb "L" (Class XX, Inter. 171).	FA	2	28		28					2		[illegible]
	SY		11		11							[illegible]
	H		1	2	3							[illegible]
Wound, punctured, lung "L" (Class XX, Inter. 171).	FA		1							1		[illegible]
Wound, punctured, upper limb "B" (Class XX Inter. 171).	FA		1		1							[illegible]
	H	1			1							[illegible]
Wound, punctured, upper limb "G" (Class XX, Inter. 171).	FA		1		1							[illegible]
Wound, punctured, upper limb "H" (Class XX, Inter. 171).	FA		1		1							[illegible]
	SY		2	1	3							[illegible]
Wound, punctured, upper limb "I" (Class XX, Inter. 171).	FA		1		1							[illegible]
Wound, punctured, upper limb "L" (Class XX, Inter. 171).	FA	1	7		7					1		[illegible]
	SY		7		6					1		[illegible]
	H	1	2	4	5						2	[illegible]
Wound, punctured, unqualified "B" (Class XX, Inter. 171).	FA		1		1							[illegible]

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, punctured, unqualified "F" (Class XX, Inter. 171).	FA		1							1		0
Wound, punctured, unqualified "G" (Class XX, Inter. 171).	FA		1		1							1
	SY		1		1							3
Wound, punctured, unqualified "H" (Class XX, Inter. 171).	FA		2		2							21
Wound, punctured, unqualified "L" (Class XX, Inter. 171).	FA		13	2	10			1		4		202
	SY		14		9					5		42
	H	1	3	10	10			1		3		390
POISONS.												
Botulism "L" (Class XXI, Inter. 164).	H		1		1							1
Insect sting "L" (Class XXI, Inter. 165A).	FA		2		2							11
	SY		1		1							2
	H		2		2							8
Poisoning by alcohol "L" (Class XXI, Inter. 56B).	FA	1	169	5	134		2	1		38		369
	SY		72	10	60	3	1			18		211
	H	2	15	61	60	12		1		2	3	838
Poisoning by fish "L" (Class XXI, Inter. 164).	FA		2		2							2
	SY		3		2					1		6
	H			1	1							2
Poisoning by fish venom "L" (Class XXI, Inter. 165A).	FA		1		1							7
	SY		1		1							1
Poisoning by gasoline, inhaled "L" (Class XXI, Inter. 168B).	FA		1		1							2
Poisoning by illuminating gas "L" (Class XXI, Inter. 168B).	FA		2				1			1		0
	H			2	1	1						7
Poisoning by lead, acute "L" (Class XXI, Inter. 165B).	FA		33	5	30					8		250
	H		1	11	9	3						281
Poisoning by lead, chronic "L" (Class XX, Inter. 57B).	FA		30	5	23			1		11		242
	H	2		14	10	3					3	518
Poisoning by mercury, acute "A" (Class XXI, Inter. 165B).	FA		5							5		1
	SY		2	1	1		1			1		13
	H			5	3	1	1					97
Poisoning by mercury, acute "L" (Class XXI, Inter. 165B).	FA		3		1		1			1		3
	SY		5		1	3				1		10
	H		1	2	2						1	69
Poisoning by mercury, chronic "L" (Class XXI, Inter. 59).	H		1		1							21
Poisoning by methyl alcohol "L" (Class XXI, Inter. 165B).	FA		2							2		0
	H			2	2							15
Poisoning by milk "L" (Class XXI, Inter. 164).	FA		1		1							2
Poisoning by opium, acute "A" (Class XXI, Inter. 165B).	FA		1				1					0
Poisoning by opium, acute "L" (Class XXI, Inter. 165B).	FA		1		1							1
	SY		1							1		0
	H			1	1							19

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1914*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
POISONS—Continued.												
Poisoning by opium, chronic "L" (Class XXI, Inter. 59).	FA		1	1						2		[illegible]
	SY		2							2		[illegible]
	H			5	1	1		2		1		[illegible]
Poisoning by phenol "A" (Class XXI, Inter. 165B).	FA		3				2			1		[illegible]
	H			1	1							[illegible]
Poisoning by phenol "B" (Class XXI, Inter. 165B).	FA		1				1					[illegible]
Poisoning by serum "L" (Class XXI, Inter. 165B).	FA		3		3							[illegible]
Poisoning, unqualified "A" (Class XXI, Inter. 165B).	FA		2					1		1		[illegible]
	SY		1		1							[illegible]
	H			2	1	1						[illegible]
Poisoning, unqualified "L" (Class XXI, Inter. 165B).	FA		68	2	56		2			12		[illegible]
	SY		11	3	9			1		4		[illegible]
	H		2	16	12	4				2		[illegible]
Total for diseases	FA	216	23,413	3,286	20,068	170	24	318	1	6,095	230	[illegible]
	SY	173	9,470	1,899	7,161	171	18	416	1	3,665	110	[illegible]
	H	1,216	2,396	10,494	8,416	2,141	118	617	65	1,418	1,331	[illegible]
	All	1,605	35,279	15,679	35,645	2,482	160	1,351	67	11,178	1,680	[illegible]
Total for injuries and poisons	FA	54	4,011	165	3,417	21	77	20	1	651	43	[illegible]
	SY	22	1,204	126	904	15	28	19	1	366	19	[illegible]
	H	103	205	1,073	866	178	16	36	7	132	146	[illegible]
	All	179	5,420	1,364	5,187	214	121	75	9	1,149	206	[illegible]
Grand total for diseases, injuries and poisons	FA	270	27,424	3,451	23,485	191	101	338	2	6,746	282	144,445
	SY	195	10,674	2,025	8,065	186	46	435	2	4,031	129	74,516
	H	1,319	2,601	11,567	9,282	2,319	134	653	72	1,550	1,477	510,344
	All	1,784	40,699	17,043	40,832	2,696	281	1,426	76	12,327	1,888	729,305

SUMMARY.

Summary and comparative rates with previous years.	For the year 1914.				Average entire service 10 years 1904–1913.
	Force afloat.	Stations and yards.	Hospitals.	Entire service.	
Average complement	46,978	17,692	2,471	67,141	[illegible]
Number of cases treated	31,145	12,894	15,487	59,526	[illegible]
Rate per 1,000 of complement	662.96	728.80		886.58	[illegible]
Deaths	101	46	134	281	[illegible]
Rate per 1,000 of complement	2.14	2.60		4.18	[illegible]
Invalided from service	338	435	653	1,426	[illegible]
Rate per 1,000 of complement	7.19	24.58		21.23	[illegible]
Total number of sick days	144,445	74,516	510,344	729,305	[illegible]
Rate per 1,000 of complement	3,074.73	4,211.84		10,862.28	[illegible]

DISTRIBUTION AMONG

TABLE 2.—*Table showing distribution among occupational groups of the personnel for rates, invalided from service and invalided rates, suicides*

Class.[1]	Officers.		Artificers.				Miscellaneous force.	
	Navy and Marine	Midshipmen. (undergraduate).	Electricians.	Engine-room.	Fire-room.	All others.	Clerical.	Culinary.
Average complement	3,606	877	2,238	3,693	12,205	1,855	1,536	3,735
Diseases of blood	3	....	1	....	2	....	....	1
Rate per 1,000	.83	....	.44	....	.16	....	....	.26
Diseases of circulatory system	19	....	4	20	44	9	4	17
Rate per 1,000	5.26	....	1.78	5.41	3.60	4.85	2.60	4.55
Diseases of digestive system	434	293	179	242	1,141	169	110	279
Rate per 1,000	120.35	334.09	79.98	65.52	93.48	91.10	71.61	74.69
Diseases of ductless glands and spleen	....	....	....	2	7	3	....	1
Rate per 1,000	....	....	....	.54	.57	1.61	....	.26
Diseases of ear	27	14	19	24	142	10	12	19
Rate per 1,000	7.48	15.96	8.48	6.49	11.63	5.39	7.81	5.08
Diseases of eye and adnexa	41	18	20	25	81	24	13	25
Rate per 1,000	11.36	20.52	8.93	6.76	6.63	12.93	8.46	6.69
Diseases of genito-urinary system (nonvenereal)	44	22	26	62	230	31	27	54
Rate per 1,000	12.20	25.08	11.61	16.78	18.84	16.71	17.57	14.45
Diseases of infective type (nonvenereal)	340	242	181	261	1,259	126	100	293
Rate per 1,000	94.28	275.94	80.87	70.67	103.15	67.92	65.10	78.44
Diseases of infective type (venereal)	32	2	281	384	2,409	260	205	680
Rate per 1,000	8.87	2.28	125.55	103.98	197.37	140.16	133.46	182.05
Diseases of lymphatic system	6	3	6	19	94	17	3	22
Rate per 1,000	1.66	3.42	2.68	5.14	7.70	9.16	1.95	5.89
Diseases of mind	12	1	2	17	52	8	7	9
Rate per 1,000	3.32	1.14	.89	4.60	4.26	4.31	4.55	2.40
Diseases of motor system	28	6	12	21	126	17	8	25
Rate per 1,000	7.76	6.84	5.36	5.68	10.32	9.16	5.20	6.69
Diseases of nervous system	55	11	20	29	71	16	14	22
Rate per 1,000	15.25	12.54	8.93	7.85	5.81	8.62	9.11	5.89
Diseases of respiratory system	135	55	52	57	273	43	30	78
Rate per 1,000	37.43	62.71	23.23	15.43	22.36	23.18	19.53	20.87
Diseases of skin, hair, and nails	36	41	15	31	127	10	11	29
Rate per 1,000	9.98	46.75	6.70	8.39	10.40	5.39	7.16	7.76
Hernias	20	....	13	22	72	13	10	19
Rate per 1,000	5.54	....	5.80	5.95	5.89	7.00	6.51	5.08
Miscellaneous diseases and conditions	57	19	20	44	135	28	14	34
Rate per 1,000	15.80	21.66	8.93	11.91	11.06	15.09	9.11	9.10
Parasites	9	3	13	26	93	15	13	45
Rate per 1,000	2.49	3.42	5.80	7.04	7.61	8.08	8.46	12.04
Tumors	6	6	2	6	21	1	1	6
Rate per 1,000	1.66	6.84	.89	1.62	1.72	.53	.65	1.60
Wounds and other injuries	140	150	112	255	1,157	170	50	160
Rate per 1,000	38.82	171.03	50.04	69.04	94.79	91.64	32.55	42.83
Poisons	21	....	8	35	129	27	9	10
Rate per 1,000	5.82	....	3.57	9.47	10.56	14.55	5.85	2.67
Total for all classes	1,465	886	986	1,582	7,665	997	641	1,828
Rate per 1,000	406.26	1,010.15	440.57	428.37	628.02	537.46	417.31	489.42
Deaths	12	....	3	19	50	6	3	16
Rate per 1,000	3.32	....	1.34	5.14	4.09	3.23	1.95	4.28
Suicides	1	....	....	2	2	1	....	2
Rate per 1,000	.27	....	....	.54	.16	.53	....	.53
Invalided from service	35	1	27	46	209	27	22	53
Rate per 1,000	9.70	1.14	12.06	12.45	17.12	14.55	14.32	14.18
Total number of sick days	40,730	5,399	19,612	33,171	131,143	21,797	10,792	41,789
Damage[2]	135.06	15.29	68.72	123.35	488.72	76.20	42.06	148.96

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[1] For classes, see table in preface to statistics.

OCCUPATIONAL GROUPS.

the calendar year 1914, by classified admissions and admission rates, deaths and death and suicide rates, sick days, and computed damage.

Miscellaneous force—Continued.				Seaman branch.			Total for all occupations.				
Hospital.	Marines (enlisted).	Musicians.	Prisoners.	Apprentice seamen.	Ordnance.	All others.	Number.	Deaths	Invalided from service.	Sick days.	Damage.[2]
1,417	9,991	1,144	1,202	2,269	2,268	19,105	67,141	....	....	....	....
2	2	....	....	....	....	3	14	1	....	656	2.13
1.41	.20	....	....	....	....	.15	.20	.01	....	....	....
6	66	4	15	41	6	53	308	21	110	11,547	96.76
4.23	6.60	3.49	12.47	18.06	2.64	2.77	4.58	.31	1.63	....	....
167	996	66	84	636	149	2,081	7,026	15	64	81,085	261.42
117.85	99.68	57.69	69.88	280.29	65.69	108.92	104.64	.22	.95	....	....
....	5	1	....	4	1	8	32	1	14	1,355	10.76
....	.50	.87	....	1.76	.44	.41	.47	.01	.20	....	....
14	98	8	11	113	7	196	714	....	107	16,502	98.58
9.87	9.80	6.99	9.15	49.80	3.08	10.25	10.63	....	1.59	....	....
8	61	7	4	47	16	120	510	....	72	13,242	72.19
5.64	6.10	6.11	3.32	20.71	7.05	6.28	7.59	....	1.07	....	....
23	169	15	25	162	35	362	1,287	14	86	28,975	129.06
16.23	16.91	13.11	20.79	71.39	15.43	18.94	19.16	.20	1.28	....	....
164	1,498	53	37	1,047	119	2,164	7,884	51	146	170,319	564.65
115.73	149.93	46.32	30.78	461.43	52.46	113.26	117.42	.75	2.17	....	....
111	2,447	74	19	228	230	3,570	10,932	3	115	142,981	450.47
78.33	244.92	64.68	15.80	100.48	101.40	186.86	162.82	.04	1.71	....	....
8	86	4	1	17	8	150	444	....	....	10,815	29.63
5.64	8.60	3.49	.83	7.49	3.52	7.85	6.61	....	....	....	....
11	50	1	5	32	6	63	276	3	142	18,205	122.05
7.76	5.00	.87	4.15	14.10	2.64	3.29	4.11	.04	2.11	....	....
6	153	1	6	80	14	138	641	....	199	21,829	159.17
4.23	15.31	.87	4.99	35.25	6.17	7.22	9.54	....	2.96	....	....
11	76	4	5	37	20	85	476	7	143	18,355	124.81
7.76	7.60	3.49	4.15	16.30	8.81	4.44	7.08	.10	2.12	....	....
55	259	14	11	494	21	451	2,028	37	45	45,704	166.17
38.81	25.92	12.23	9.15	217.71	9.25	23.60	30.20	.55	.67	....	....
11	147	11	24	84	13	176	766	....	12	12,187	39.09
7.76	14.71	9.61	19.96	37.02	5.73	9.21	11.40	....	.17	....	....
11	58	7	3	26	10	103	387	....	24	17,419	59.47
7.76	5.80	6.11	2.49	11.45	4.40	5.39	5.76	....	.35	....	....
18	112	9	15	30	17	171	723	3	62	17,979	81.48
12.70	11.21	7.86	12.47	13.22	7.49	8.95	10.76	.04	.92	....	....
4	199	17	5	69	13	199	723	....	4	13,208	37.86
2.82	19.91	14.86	4.15	30.40	5.73	10.41	10.76	....	.05	....	....
4	16	1	3	5	2	28	108	4	6	2,052	9.98
2.82	1.60	.87	2.49	2.20	.88	1.46	1.60	.05	.08	....	....
57	670	25	40	261	125	1,595	4,967	108	68	81,259	310.24
40.22	67.06	21.85	33.27	115.02	55.11	83.48	73.97	1.60	1.01	....	....
8	91	4	....	12	8	91	453	13	7	3,631	19.68
5.64	9.10	3.49	....	5.28	3.52	4.76	6.74	.19	.10	....	....
699	7,259	326	313	3,425	820	11,807	40,690	281	1,426	729,305	2,851.12
493.29	726.55	284.96	260.39	1,509.47	361.54	618.00	606.17	4.18	21.23	....	....
6	45	5	1	21	14	80	281	....	....	....	....
4.23	4.50	4.37	.83	9.25	6.17	4.18	4.18	....	....	....	....
....	3	....	....	2	....	8	21	....	....	....	....
....	.30	....	....	.88	....	.41	.31	....	....	....	....
34	304	12	24	339	15	278	1,426	....	....	....	....
23.99	30.42	10.48	19.96	149.40	6.61	14.55	21.23	....	....	....	....
11,603	120,768	5,525	7,773	61,935	19,673	194,645	729,305	....	....	....	....
60.00	505.31	23.63	33.78	349.77	68.39	712.19	2,851.12	....	....	....	....

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[2] Damage is in terms of individuals whose loss of service by sickness, discharge from service, or death would be represented as continuous throughout the year.

DEATHS.

TABLE 3.—*Casualties in the Navy and Marine Corps during the calendar year 1914.*

Cau	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Me
DISEASES.					
Abscess of brain	3		3		
Abscess of liver	1		1		
Abscess of lung	1		1		
Abscess of omentum	1		1		
Abscess, unqualified	1	1			
Aneurysm	4		4		
Angina ludovici	1		1		
Angina pectoris	1				1
Apoplexy	1		1		
Appendicitis, acute	1		1		
Arteriosclerosis, general	1	1			
Caisson disease	1		1		
Carcinoma	1		1		
Cerebrospinal fever	1		1		
Cholangitis, acute	1		1		
Chorea	1		1		
Cirrhosis of liver, atrophic	1		1		
Cirrhosis of liver, hypertrophic	1				1
Dementia paralytica	3		2		1
Diabetes mellitus	2		1		1
Diagnosis undetermined	1		1		
Dilatation, acute cardiac	4		3		1
Diphtheria	1		1		
Dysentery, bacillary	1			1	
Embolism	1		1		
Endocarditis, acute	2		2		
Enteritis, acute	1				1
Goiter	1				1
Gonococcus infection, unqualified (septicemia)	1		1		
Leukemia	1		1		
Malaria	1		1		
Meningitis, cerebral	1		1		
Myocarditis, acute	1		1		
Myocarditis, chronic	3		2		1
Nephritis, acute	4		4		
Nephritis, chronic interstitial	4	1	3		
Nephritis, chronic parenchymatous	5		4		1
Obstruction, chronic intestinal	1				1
Pericarditis	3		2		1
Peritonitis, acute general	1		1		
Pleurisy, suppurative	3		3		
Pneumonia, broncho	7		6		1
Pneumonia, lobar	26		22	1	[illegible]
Pyelonephritis	1		1		
Sarcoma	3		3		
Scarlet fever	1	1			
Septicemia	4		4		
Smallpox	2		2		
Syphilis	2		1		1
Tonsillitis, acute follicular	1		1		
Tuberculosis, abdominal	1	1			
Tuberculosis, acute bronchopneumonic	1		1		
Tuberculosis, acute general	2		2		
Tuberculosis, acute pneumonic	6		5		1
Tuberculosis, acute pulmonary miliary	1			1	
Tuberculosis, chronic pulmonary	26		18		[illegible]
Tuberculosis of spinal column	1		1		
Typhus fever	1				1
Ulcer of duodenum	2		2		
Ulcer of stomach	2		1	1	
Valvular diseases, chronic cardiac	1	1			
Total	160	6	124	4	[illegible]
INJURIES.[1]					
Burns, multiple "F"	5		5		
Burns, multiple "L"	1		1		
Compression of chest "I"	1		1		
Crush of lower limb "L"	1		1		
Drowning "A"	3		2		1
Drowning "D"	42	1	35		6
Fracture of femur, compound "I"	1				1
Fracture of skull, compound "G"	2		2		

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[1] For key letters see table in preface to statistics.

TABLE 3.—*Casualties in the Navy and Marine Corps during the calendar year 1914*—Continued.

Cause.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
INJURIES[1]—continued.					
Fracture of skull, compound "H"	1		1		
Fracture of skull, compound "I"	2		2		
Fracture of skull, simple "A"	1		1		
Fracture of skull, simple "B"	1				1
Fracture of skull, simple "G"	2		2		
Fracture of vertebra, simple "G"	1				1
Fracture of vertebra, simple "J"	1		1		
Fracture, unqualified, compound "I"	1		1		
Heat exhaustion "L"	2		2		
Multiple injuries, extreme "L"	1		1		
Strangulation "A"	2		2		
Thermic fever "L"	1				1
Wound, gunshot, abdominal viscera "B"	1				1
Wound, gunshot, abdominal viscera "K"	3		2		1
Wound, gunshot, brain "A"	5		3		2
Wound, gunshot, brain "B"	1		1		
Wound, gunshot, brain "E"	1		1		
Wound, gunshot, brain "K"	9		7		2
Wound, gunshot, heart "A"	1		1		
Wound, gunshot, heart "E"	1				1
Wound, gunshot, lower limb "K"	1		1		
Wound, gunshot, lung "K"	4		3		1
Wound, gunshot, neck "K"	1		1		
Wound, gunshot, spinal cord "K"	1		1		
Wound, gunshot, unqualified "E"	1		1		
Wound, incised, neck "A"	2	1	1		
Wound, lacerated, abdominal viscera "G"	1		1		
Wound, lacerated, artery (main) "A"	1		1		
Wound, lacerated, brain "H"	1		1		
Wound, punctured, heart "A"	1		1		
Total	108	2	87		19
POISONS.[1]					
Poisoning by alcohol "L"	3		3		
Poisoning by illuminating gas "L"	1		1		
Poisoning by mercury, acute "A"	2		2		
Poisoning by mercury, acute "L"	1		1		
Poisoning by opium, acute "A"	1		1		
Poisoning by phenol "A"	2		2		
Poisoning by phenol "B"	1		1		
Poisoning, unqualified "L"	2		2		
Total	13		13		
Grand total diseases, injuries, and poisons	281	8	224	4	45

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[1] For key letters see table in preface to statistics.

INVALIDED FROM SERVICE.

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1914.*

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES.					
Abscess about urethra	1		1		
Abscess, endamebic, liver	1				1
Abscess, unqualified	1				1
Acne	1		1		
Adenoids	2		2		
Adhesions of peritoneum	8		5		3
Albuminuria	1		1		
Amaurosis	1		1		
Amblyopia	9		6		3
Amputation stump	10		9		1
Ankylosis of joint	6		5		1
Aphasia	2		2		
Appendicitis, acute	1		1		
Appendicitis, chronic	4		3		1
Arterial sclerosis, general	3	1	2		
Arthritis, acute	1		1		
Arthritis, chronic	10	2	6		
Arthritis deformans	1		1		
Asthma	10		6		4
Astigmatism	11		8		3
Atrophy of muscle	4		3		1
Atrophy of optic nerve	2		2		
Atrophy of testicle	2		2		
Autointoxication, intestinal	1				1
Bronchiectasis	1		1		
Bronchitis, chronic	7		6		1
Cardiospasm	1				1
Caries of tooth	8		8		
Cataract	3		2		1
Cellulitis	1		1		
Cerebrospinal fever	1		1		
Chancroid	1		1		
Chilblain	2				2
Cicatricial contraction	1		1		
Cicatrix of skin	1		1		
Clavus	1		1		
Color blindness	3		3		
Conjunctivitis, chronic	2		2		
Constipation	6		5		1
Constitutional inferiority	40		36		4
Constitutional psychopathic state	11		8		3
Contracture of joint	1		1		
Contracture of muscle, fascia, tendon, or sheath	3	1	2		
Curvature of spine	5		3		2
Cystitis, acute	1		1		
Cystitis, chronic	2	1	1		
Cystoma	1		1		
Dacryocystitis	1				1
Deafness	20	3	12	1	4
Deformity of palate, acquired	1		1		
Dementia, cause unknown	2		2		
Dementia paralytica	3		2		1
Dementia precox	41	1	34		6
Deviation of nasal septum	3		3		
Diabetes insipidus	2		2		
Diabetes mellitus	5	2	3		
Dilatation, chronic cardiac	2		1		1
Dysentery, endamebic	3		1		2
Dysentery, unclassified	1				1
Dystrophy, progressive muscular	1		1		
Eczema	1				1
Endocarditis, acute	1		1		
Endocarditis, chronic	4		4		
Enteritis, acute	1		1		
Epididymitis, chronic	1				1
Epilepsy	73		60		13
Epilepsy, Jacksonian	2		2		
Epithelioma	1				1
Erythromelalgia	1		1		
Exophthalmic goiter	4		4		
Favus	1		1		
Fistula, fecal	1		1		
Gangosa	2		2		
Gastritis, chronic catarrhal	7		6		1

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1914*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Genu recurvatum	1				1
Goiter	11		10		1
Gonococcus infection of conjunctiva	1				1
Gonococcus infection of joints	52		36		16
Gonococcus infection of urethra	10		9		1
Gonococcus infection, unqualified	2		2		
Hallux valgus	6		3		3
Hammertoe	3				3
Headache	3		3		
Hemiplegia, old	2		2		
Hemorrhage, epidural	1				1
Hemorrhage into cerebrum	2		2		
Hemorrhage into retina	2		2		
Hemorrhoids	3		2		1
Hernia, inguinal	23	1	17		5
Hernia, umbilical	1		1		
Herpes	1		1		
Hydrocele of spermatic cord	1		1		
Hypermetropia	4		4		
Hypertrophy of bone	1		1		
Hypertrophy of heart	1		1		
Hypertrophy of mammary gland	1		1		
Hypertrophy of tonsil	9		9		
Hypochondriasis	2		2		
Hysteria	10		10		
Imbecility	10		10		
Incontinence of urine	6		5		1
Insufficiency of ocular muscle	3	1	2		
Iritis	1		1		
Keratitis	1		1		
Keratoiritis	1		1		
Locomotor ataxia	3	1	2		
Loss of substance of bone or cartilage	1		1		
Malformations, congenital	5		4		1
Mastoiditis, chronic	3		2		1
Metatarsalgia	4		1		
Myocarditis, chronic	1		1		
Myopia	16	2	14		
Nausea marina	10		10		
Nephritis, acute	2		2		
Nephritis, chronic interstitial	13	4	8		1
Nephritis, chronic parenchymatous	9		8		1
Neuralgia	1		1		
Neurasthenia	24		18		6
Neuritis	4		3		1
Neuritis, multiple	3		2		1
Neurosis of bladder	35		28		7
Neurosis, traumatic	2		2		
No disease	1		1		
Nostalgia	1		1		
Obesity	1		1		
Obstruction, chronic intestinal	2		1		1
Obstruction of portal vein	1		1		
Orchitis, chronic	1		1		
Osteoarthropathy, hypertrophic	1		1		
Osteoma	3		3		
Osteomyelitis, chronic	3	1	2		
Otitis externa	1		1		
Otitis interna, chronic	3	1			2
Otitis media, acute	7		7		
Otitis media, chronic	73	3	60		10
Palpitation, cardiac	4		1		3
Paralysis of nerve	2		2		
Paralysis of ocular muscle	2		2		
Paralysis of vocal cords	1		1		
Paraplegia, ataxic	1		1		
Periostitis, chronic	1		1		
Pes cavus	1		1		
Pes planus	134		67		67
Pharyngitis, chronic	1				1
Phlebitis	4		4		
Pleurisy, chronic fibrinous	2		2		
Pleurisy, suppurative	4		4		
Pleuritic adhesions	7		6		1
Poliomyelitis, acute anterior	1		1		
Polypus, nasal	1		1		

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1914*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Presbyopia	1		1		
Prolapse of rectum	1		1		
Prostatitis, chronic	1		1		
Psoriasis	2		2		
Psychasthenia	23	1	17		5
Psychosis, epileptic	1		1		
Psychosis, exhaustive	1				1
Psychosis, hysterical	1		1		
Psychosis, intoxication	4		2		2
Psychosis, manic-depressive	5	1	2		2
Pyelitis	2			1	1
Pyelonephritis	1		1		
Pyorrhea, alveolar	2		2		
Raynaud's disease	1		1		
Retinitis	1				1
Rheumatic fever, acute	1		1		
Rheumatism, chronic articular	14		11		3
Rheumatism, muscular	2				2
Rhinitis, atrophic	4		3		1
Rhinitis, hypertrophic	1		1		
Sarcoma	1		1		
Scleritis	1		1		
Sclerosis, disseminated	1				1
Senility	1		1		
Sinusitis, ethmoidal	1		1		
Somnambulism	6		6		
Spasm habit	1				1
Splanchnoptosis	1		1		
Stenosis of nasal duct	1		1		
Syphilis	49		36		13
Tachycardia	4		4		
Talipes	1				1
Trachoma	6		6		
Tuberculosis, abdominal	1				1
Tuberculosis, acute bronchopneumonic	1		1		
Tuberculosis, acute pneumonic	4		4		
Tuberculosis, acute pulmonary miliary	2		2		
Tuberculosis, chronic pulmonary	126	5	96		25
Tuberculosis of joint	2		2		
Tuberculosis of spinal column	1		1		
Tuberculosis, unqualified	1		1		
Ulcer of duodenum	2		2		
Ulcer of mouth	1		1		
Ulcer of nasal passage	1		1		
Ulcer of skin	1		1		
Ulcer of stomach	2		2		
Union of fracture, faulty	12		11		1
Urticaria	1		1		
Valvular disease, chronic cardiac	81	2	61		18
Varicocele	7		7		
Varix	5		3		2
Vertigo	1		1		
Total	1,351	34	1,023	2	292
INJURIES.					
Avulsion of limb	1		1		
Contusion	3		3		
Crush of lower limb	2		2		
Dislocation about wrist	1		1		
Dislocation of elbow	1		1		
Dislocation of hip	1				1
Dislocation of intra-articular cartilage of joint	2		2		
Dislocation of knee	1		1		
Dislocation of shoulder	2		2		
Dislocation of testicle	1		1		
Dislocation, unqualified	1		1		
Foreign body, traumatic	1		1		
Fracture about ankle joint, simple	1		1		
Fracture about wrist joint, simple	2		1		1
Fracture of femur, simple	1		1		
Fracture of forearm, simple	1				1
Fracture of humerus, simple	1		1		
Fracture of leg, compound	1		1		
Fracture of skull, compound	1		1		

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1914*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
INJURIES—continued.					
Fracture of skull, simple	5		5		
Fracture, unqualified, compound	4		4		
Fracture, unqualified, simple	2		2		
Hemorrhage into eyeball	1		1		
Intracranial injury	2		1		1
Intraspinal injury	1		1		
Sprain of joint	9		6		3
Sunstroke	1		1		
Synovitis, traumatic	2		1		1
Wound, gunshot, lower limb	3		2		1
Wound, gunshot, pleura	1		1		
Wound, gunshot, upper limb	5		4		1
Wound, incised, unqualified	4		3		1
Wound, lacerated, upper limb	1				1
Wound, punctured, unqualified	2		2		
Total	68	0	56	0	12
POISONS.					
Poisoning by alcohol	2		2		
Poisoning by lead, chronic	1		1		
Poisoning by opium, chronic	2		2		
Poisoning, unqualified	2		2		
Total	7	0	7	0	0
Grand total diseases, injuries, and poisons	1,426	34	1,086	2	304

DENTAL WORK.

TABLE 5.—*Summary of dental work performed July 1, 1914, to December 31, 1914.*

Character of work performed.	Number.	Character of work performed.	Number.
Abscesses treated	766	Pyorrhea alveolaris (cases treated)	809
Bridges (made, removed, repaired, and reset)	71	Root canals filled	3,467
Calculus removed	3,639	Teeth filled:	
Crowns, porcelain	11	Amalgam	9,602
Crowns, gold (made, removed, repaired, and reset)	427	Cement	4,597
Fractured maxillæ treated	14	Gold	26
Gums lanced	263	Gutta-percha	2,638
Necrosed maxillæ treated	2	Tin	2
Plates made	5	Teeth extracted	2,922
Pulp capped	204	Teeth treated (other conditions than noted above)	8,660
Pulp devitalized	2,067	Total	42,773
Pulp extirpated	2,581		

FINANCIAL.

TABLE 6.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1915.*

Hospital at—	Total cost of maintenance.	Subsistence.	Maintenance per diem.	Subsistence per diem.
		Days.		
Annapolis, Md	$30,589.09	29,919	$1.0223	$0.5106
Canacao, P. I	48,851.37	38,888	1.256	.481
Chelsea, Mass	65,131.52	59,814	1.088	.491
Great Lakes, Ill	22,591.88	25,459	.8873	.444
Guam	26,226.69	14,304	1.83	.57
Las Animas, Colo	123,387.67	116,749	1.057	.6722
Mare Island, Cal	82,063.66	107,766	.761	.4544
Narragansett Bay, R. I	50,114.68	61,966	.808	.506
New York, N. Y	102,441.96	92,083	1.112	.4818
Norfolk, Va	100,997.51	125,966	.8015	.4174
Olongapo, P. I	24,053.76	23,057	1.034	.395
Philadelphia, Pa	66,346.87	69,623	.952	.449
Port Royal, S. C	5,014.28	5,779	.865	.440
Portsmouth, N. H	33,063.20	30,977	1.067	.548
Puget Sound, Wash	34,184.36	32,619	1.0479	.5476
Washington, D. C	59,149.31	59,363	.996	.636
Yokohama, Japan	5,065.10	2,605	1.944	.559

TABLE 7.—*Statement of the activities of naval medical supply depots.*

	Number of requisitions.	Value of requisitions filled.
New York, N. Y	1,094	$290,093.93
Mare Island, Cal	358	44,770.01
Canacao, P. I	161	12,332.40

TABLE 8.—*Statement of the naval hospital fund.*

The condition of the fund is as follows:

Balance on hand July 1, 1914	$63.28
Transferred to credit since July 1, 1914	1,102,632.26
Total	1,102,695.54
Expended since July 1, 1914	1,067,934.10
Balance on hand June 30, 1915	34,761.44

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BUREAU OF MEDICINE AND SURGERY

ANNUAL REPORT
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FOR THE FISCAL YEAR
1916

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REPORT

OF THE

SURGEON GENERAL, UNITED STATES NAVY.[1]

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
Washington, D. C., October 1, 1916.

To: Secretary of the Navy.
Subject: Annual report for fiscal year 1916.

The following report of the activities of the bureau is submitted.

During the past year there has been an increase in the admission and death rates over the preceding year. The increased admission rate is not accounted for by any alarming increase or epidemic of disease, or occurrence of extensive casualty or engagement. The mainly responsible factors are tonsillitis, venereal diseases, malaria, mumps, and bronchitis, and the comparatively slight increase in the death rate, with a total of only 7 deaths from the above-mentioned diseases, indicates that the total harm to the service has not materially increased.

Term.	Per 1,000 of personnel.		Total sick days.
	Admissions and readmissions, all causes.	Deaths.	
Average, years 1901-1910	897.35	5.38	10,871.12
1912	787.46	4.08	9,449.39
1913	760.03	3.82	10,041.41
1914	886.58	4.18	10,862.28
1915	955.91	4.48	11,402.17

Among the major classified groups of diseases that show an increase in total damage are the following:

Diseases of the digestive and respiratory systems, diseases of infective type (venereal and nonvenereal), diseases of the eye, and wounds and other injuries.

Among the more important of the special diseases that show an increase are the following:

Bronchitis, acute.
Cerebrospinal fever.
Cholangitis, acute.
Dengue.
Gastroenteritis.
Goiter.
Gonorrheal infections.
Hemorrhoids.
Malaria.
Mumps.
Myopia.
Orchitis.
Rheumatism.
Scarlet fever.
Syphilis.
Tonsillitis.
Typhoid.

---

[1] All statistics cover the calendar year 1915.

A decrease is noted in diseases of the circulatory, genito-urinary (nonvenereal), motor, and nervous systems, ear, and mind, and the following special diseases:

Abscess of lymph node.
Appendicitis.
Arthritis, chronic.
Chancroid.
Diphtheria.
Dysentery, bacillary.
Epididymitis.
Epilepsy.
Hernia.
Influenza.
Measles.
Pes planus.
Pharyngitis.
Pleurisy.
Pneumonia.
Scabies.
Tuberculosis.
Valvular disease of heart.

Among injuries drowning is increased from 42 to 51, while gunshot injuries are decreased from 148 to 63. Poisoning by alcohol shows a decrease, that by lead an increase.

DISEASES OF SPECIAL INTEREST.

The death rate, 4.48 per 1,000 of personnel, while higher than the preceding three years, is lower than the average for the 10 years from 1901 to 1910. The total death rate for the registration area of the United States, for the census year 1910, was 17.8 per 1,000 of our population. This, of course, includes all from infancy to old age, but even for the ages from 20 to 29 years, which would approximate fairly closely the average naval age limit, the mortality tables give 8 per 1,000 as the incidence of death. This includes both sexes, and would be appreciably higher if quoted for males alone.

Thus we have roughly death rates of 8 plus per 1,000 and 4.48 per 1,000 as the respective rates for the young men of our country, the larger representing the risks incurred in the ordinary hazards of farm or city life, the lesser representing the peace-time losses while serving their country, and while under the constant watchful care of the medical department of the service.

I doubt if the families, parents, or guardians of the young men who enter the Navy, realize how carefully guarded as to health conditions these young men are. No institution of private training is so zealous for the well-being of its charges, or so watchful for the preservation of its own good name as is the Navy. A constant pride is exhibited by our medical officers in maintaining health and sanitation on the ships or stations under their care, and constant efforts are being exerted to provide further safeguards. The city or country practitioner is not called in to examine into the habits of life and knowledge of or regard to sanitary matters exhibited by his patients, nor does he so, unsolicited. But with us half of our duties are those of the uninvited sanitarian, and if the individual is neglectful not only of his own safety, but of the community good, advisory and, if necessary, disciplinary measures are soon invoked.

The leading causes of death for the last three years in the Navy are as follows:

	1915	1914	1913
Drowning	51	42	33
Tuberculosis, all forms	36	38	39
Pneumonia, all forms	22	33	21
Burns	16	6	12
Wounds, gunshot	13	30	15
Nephritis, all forms	13	13	6

It will be seen that the deaths are increased over 1914 in only two noteworthy classifications, both of these being injuries, i. e., drowning and burns. The deplorable loss of the *F-4* accounts for 21 of the deaths by drowning, leaving only 30 for the usual minor casualties due to carelessness in boating, swimming, etc. Aside from the abovementioned loss of the *F-4*, therefore, it can be considered that a material increase in safety and avoidance of this hazard was achieved during the past year, as the 42 deaths from drowning in 1914 were the results of no major calamity.

Burns are responsible for 16 deaths, eight of these occurring on the U. S. S. *San Diego* and three on the U. S. S. *Decatur;* both of these accidents were boiler explosions.

Gunshot wounds, with resultant deaths, are naturally decreased from the preceding year, which included the Vera Cruz casualties, and are well below what may be considered a normal average in preceding years.

It is noteworthy that for the past years three main causes of death appear predominantly over the others, the three being drowning, tuberculosis, and pneumonia; but I am glad to reiterate that upon analysis each one of these shows encouraging improvement over the preceding year.

Disabilities having the greatest number of sick days during 1915 as compared with the years 1914 and 1913.

Disease.	Sick days, 1915.	Relative standing.		
		1915	1914	1913
Tuberculosis, chronic pulmonary	71,360	1	1	2
Syphilis	65,682	2	2	1
Gonorrhea (urethral)	35,404	3	3	3
Tonsillitis	25,174	4	4	7
Mumps	24,781	5	6	5
Appendicitis	20,828	6	5	4
Influenza	20,787	7	15	15
Bronchitis	19,818	8	7	11
Hernia, inguinal	15,573	9	8	8
Malaria	12,150	10	11	12
Otitis media	11,114	11	10	10
Chancroid	10,521	12	9	9
Pleurisy	9,304	13	13	13
Pneumonia	9,156	14	14	14
Measles	7,472	15	12	6

In compiling the above table several classes that would have come within the limits have been omitted as being comparatively unimportant in significance or scientifically loose in application. These are (*a*) gonorrheal infections other than urethral (27,889); (*b*) rheumatism (all forms) (20,539); (*c*) abscess (unqualified) (13,514); (*d*) chancroid of lymph node (11,443); and (*e*) tuberculosis (other forms) (10,873).

VENEREAL DISEASES.—Venereal diseases *combined* will, of course, head such a list by a wide margin. During the statistical year of 1915 the primary admission rate for the various venereal diseases has shown but little change over the preceding years. The rate for chancroid dropped from 43.37 to 32.31 per 1,000, a rate more in keeping with the years 1910, 1911, and 1912. The rate for gonorrhea was 87.91 per 1,000 as against 84.94 per 1,000, but lower than the years 1909, 1910, and 1912, when the rate was 102.51, 103.90, and

92.15, respectively. The admission rate for syphilis was 21.35 per 1,000 against 19.83 per 1,000. While this rate was an increase over the statistical year of 1914, it was lower than for the preceding five years, the rates for those years being 25.81, 22.54, 27.11, 23, and 21.94.

Admission rate for venereal disease.

Year.	Average complement.	Chancroid.		Gonorrhea.		Syphilis.	
		Admissions.	Rate.	Admissions.	Rate.	Admissions.	Rate.
1903	37,248	396	10.63	1,032	27.70	816	21.91
1904	40,555	542	13.36	1,512	37.28	880	21.70
1905	41,313	538	13.00	2,085	50.46	981	23.75
1906	42,529	733	17.23	2,640	62.07	1,147	26.96
1907	46,336	554	11.95	2,274	49.07	881	19.01
1908	52,913	665	12.56	3,015	56.98	1,001	18.91
1909	57,172	1,573	27.51	5,861	102.51	1,476	25.81
1910	58,340	1,968	33.73	6,062	103.90	1,315	22.54
1911	61,399	1,929	31.41	5,658	92.15	1,665	27.11
1912	61,897	2,169	35.04	5,403	87.29	1,424	23.00
1913	65,926	1,855	28.13	5,320	80.69	1,447	21.94
1914	67,141	2,908	43.31	5,703	84.94	1,332	19.83
1915	68,075	2,200	32.31	5,985	87.91	1,454	21.35

Chancroid.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	396	0	10.63	7,644	20.9424	19.8575	20.94	....
1904	40,555	542	4	13.36	7,661	20.8852	19.4043	22.88	....
1905	41,313	538	2	13.00	5,469	14.9385	13.5095	15.98	....
1906	42,529	733	0	17.23	6,562	17.9726	15.9698	17.97	....
1907	46,336	554	0	11.95	6,311	17.2904	15.7726	17.29	....
1908	52,913	665	0	12.56	6,570	17.9508	16.1338	17.95	....
1909	57,172	1,573	3	27.51	9,539	26.1342	21.8246	....	23.32
1910	58,340	1,968	1	33.73	9,975	27.3287	21.9369	....	22.46
1911	61,399	1,929	0	31.41	12,547	34.3753	29.0904	....	29.09
1912	61,897	2,169	0	35.04	12,634	34.5191	28.5928	....	28.90
1913	65,926	1,855	0	28.13	9,018	....	24.7068	....	24.70
1914	67,141	2,908	1	43.31	14,749	....	40.4082	....	40.90
1915	68,075	2,200	0	32.31	10,521	....	28.8300	....	28.83

Gonorrhea.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	1,032	4	27.70	11,643	31.8986	29.0715	33.89	....
1904	40,555	1,512	15	37.28	14,953	40.8551	36.7240	48.35	....
1905	41,313	2,085	11	50.46	15,137	41.4712	35.7589	46.96	....
1906	42,529	2,640	7	62.07	17,958	49.2000	41.9671	52.60	....
1907	46,336	2,274	8	49.07	13,912	38.1150	31.8849	42.11	....
1908	52,913	3,015	14	56.98	18,229	49.8060	41.5683	56.80	....
1909	57,172	5,861	33	102.51	28,801	78.9068	62.8219	....	79.33
1910	58,340	6,062	17	103.90	31,813	87.1589	70.5506	....	79.04
1911	61,399	5,658	26	92.15	33,946	93.0027	77.5013	....	90.49
1912	61,897	5,403	26	87.29	35,140	96.0109	81.2486	....	94.24
1913	65,926	5,320	27	80.69	33,204	....	90.9698	....	104.46
1914	67,141	5,703	10	84.94	36,218	....	99.2273	....	104.23
1915	68,075	5,985	11	87.91	35,404	....	102.494	....	107.90

Chancroid showed an improvement over the preceding year. The admission rate was not only less but the total sick days dropped from 14,749 to 10,521, the daily average of patients dropping from 40.40 to 28.83 and the damage rate dropping from 40.90 to 28.83.

Syphilis.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	816	132	21.90	34,112	93.4575	91.2219	159.45	....
1904	40,555	880	125	21.69	32,389	88.4945	86.0901	150.99	....
1905	41,313	981	97	23.73	39,632	108.5808	105.8931	157.08	....
1906	42,529	1,147	91	26.96	41,248	113.0082	109.8657	158.50	....
1907	46,336	881	106	19.01	32,656	89.4684	87.0547	142.46	....
1908	52,913	1,001	118	18.91	36,645	100.1229	97.3878	159.12	....
1909	57,172	1,476	171	25.81	49,647	136.0191	131.9753	....	217.47
1910	58,340	1,315	118	22.54	47,893	131.2136	127.5890	....	186.58
1911	61,399	1,665	84	27.11	66,210	181.3972	176.8356	....	218.83
1912	61.897	1,424	75	23.00	56,759	155.0792	151.1885	....	188.68
1913	65,926	1,447	74	21.94	62,630	....	171.5890	....	208.58
1914	67,141	1,332	51	19.83	53,016	....	145.2493	....	170.74
1915	68,075	1,454	63	21.35	65,682	....	179.9500	....	211.44

Gonorrhea showed but very little change over the preceding year. The admission rate increased from 84.94 to 87.91, a lower rate than for the years 1909, 1910, and 1911. The daily average of patients increased from 99.22 to 102.49, but the complement of the Navy was somewhat larger and the damage rate was slightly lower than for the preceding four years.

The rate for syphilis, likewise, has shown but little change. The past 2 years have given the lowest invalid rate in the last 12 years or more. The daily average of patients increased from 145.24 to 179.97. The damage rate showed some increase over the preceding years, but was lower than for the years 1909 and 1911.

Considering the experience with primary venereal diseases and sequelæ, the total number of admissions was less than for the preceding year, being 10,318 as against 10,932. The total number invalided or died was the lowest in many years, amounting to 101. The admission rate was 151.56, as against 162.82 for the preceding year, and lower than for the years of 1909, 1910, 1911, and 1912. The total number of sick days was 150,939, being only exceeded by the year of 1911, when the total number of sick days was 161,358. The corrected damage rate was 464.02, being only exceeded by the years of 1909 and 1911.

Primary venereal diseases and sequelæ.[1]

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	3,951	212	106.07	98,984	271.189	260.364	377.18	....
1904	40,555	4,817	234	118.77	107,007	292.368	279.207	409.36	....
1905	41,313	5,293	163	128.11	105,099	287.668	273.441	369.16	....
1906	42,529	6,348	144	149.26	116,411	318.901	301.542	390.90	....
1907	46,336	5,528	153	119.30	99,126	271.578	256.430	348.07	....
1908	52,913	6,491	186	122.67	105,142	287.273	269.538	380.27	....
1909	57,172	10,961	287	191.71	136,761	374.687	344.675	....	488.15
1910	58,340	11,071	191	189.76	135,507	371.252	340.920	....	436.42
1911	61,399	10,827	185	176.33	161,358	442.076	412.413	....	534.57
1912	61,897	10,495	153	169.55	146,135	399.275	370.601	....	447.10
1913	65,926	9,434	138	143.09	141,378	....	387.336	....	456.33
1914	67,141	10,932	118	162.82	142,981	....	391.728	....	450.72
1915	68,075	10,318	101	151.56	150,939	....	413.531	....	464.02

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[1] Includes only: (1) Gonorrhea, (2) chancroid, (3) syphilis, (4) arthritis gonorrhoica, (5) epididymitis, (6) adenitis inguinalis, (7) prostatitis, (8) orchitis, (9) ophthalmia gonorrhoica.

TUBERCULOSIS.—A most satisfactory condition is noted here. With an *increased* naval personnel, the actual number of cases admitted is well below the lowest previous year and the rate per 1,000 is markedly reduced.

Year.	Admitted.		Deaths.	Sick days.
	Number.	Rate per 1,000.		
1909	311	5.43	40	58,984
1910	349	5.98	44	65,443
1911	319	5.19	48	64,668
1912	264	4.26	32	57,723
1913	325	4.92	30	67,423
1914	296	4.39	38	80,237
1915	253	3.71	36	82,233

The total of deaths is also below the average for the previous years, but, as is to be expected of the most frequent and widespread of the major infections, is still undesirably high.

In this country 9 per cent of all deaths are due to tuberculosis. The toll falls heaviest during the period of life of greatest usefulness—thus 30 per cent of all deaths between the years of 15 and 60 are due to pulmonary tuberculosis alone. Our mortality of 36 is 11 per cent of the total deaths of the Navy during 1915. While this is a very satisfying and commendable comparison, much greater improvement is to be desired. The selected nature of our personnel, the rigid physical examinations upon entrance and transfer should give us and preserve for us a specially healthful type and should make our results far exceed those in the ordinary walks of life. And as pointed out, this result is achieved with great credit to all concerned. But, as indicated in my report last year, naval life afloat is far from hygienically perfect, and with the crowded conditions existing there, even under the most vigilant supervision and constant care, most favorable conditions are furnished for the propagation of the disease. Happily this is a well-recognized fact, and all concerned are striving to the end that will provide a maximum of fresh air, light, and space.

The Naval Hospital, Las Animas, Colo., receives practically all of the cases of tuberculosis that develop within the Navy, and this institution shows an improvement in its statistics that is very creditable. The total number of cases of tuberculosis treated during the year was 431--a decrease of 21 from 1914—of which 231 remained from the previous year; 200 were admitted, 207 discharged, and 224 were continued to the next year. The total sick days for the hospital as well as for the service at large are increased in both cases, despite a reduction in total admissions. This increase is due to an increase in the average duration of the stay of each patient in the hospital from 254 sick days in 1914 to 318 in 1915. The number of deaths at the hospital during the year was 36, a decrease of 8 as compared with 1914. Of these, 1 was a first-stage case, 9 were second-stage, and 26 third-stage. Eight of the third-stage deaths had been in the hospital less than a month at time of death.

The annual report of the commanding officer of the hospital notes an interesting feature in connection with results from treatment as evidenced by the sputum examinations:

Of the 67 cases which were discharged during the year as first-stage cases, 28, or 40.9 per cent, were negative for tubercle bacilli on admission and remained so on discharge; 20 cases, or 29.8 per cent, were positive on admission and negative on discharge.

Of the 88 cases discharged during the year as second-stage cases 22, or 25 per cent, were negative on admission and remained so on discharge; 13, or 14.7 per cent, were positive on admission and negative on discharge.

Of the 46 cases discharged during the year as third-stage cases, 3, or 6.5 per cent, were negative on admission and remained so on discharge; 2, or 4.3 per cent, were positive on admission and negative on discharge.

TONSILLITIS.—This disease is always prevalent under service conditions of overcrowding. Bacterial throat infections are easily disseminated from person to person when the cubic air space per individual reaches the low limits sometimes unavoidable aboard ship. The overcrowding, imperfect ventilation, damp and cold conditions of the winter months, together with the frequent habits of using the deck for sleeping when off duty, provide most unsatisfactory sanitary conditions. This is especially noticeable when a vessel is undergoing overhaul or in dry dock, at which time, owing to the stress of work being done, the lack of cleanliness, and the relaxing of the usual discipline, respiratory affections soon become prominent.

Happily, it is noted that in battleships of the newer types respiratory affections appear less than on the older ships, and cruising conditions are particularly more favorable. The tendency of modern ship construction is gradually taking cognizance of a better ideal of hygiene, and diseases of the respiratory tract will be the first to feel the betterment.

CONTAGIOUS DISEASES.—There were 1,053 admissions and 24,781 sick days from mumps; 308 admissions, 3 deaths, and 7,472 sick days from measles; 61 admissions and 2,430 sick days from scarlet fever; 100 admissions and 921 sick days from German measles; 42 admissions and 712 sick days from chickenpox; 38 admissions, 1 death, and 1,401 sick days from diphtheria; and 5 admissions, 1 death, and 211 sick days from smallpox. It will be noted from the table on page 7 that mumps consistently maintains its place as a leader, ranking fifth in 1913 and 1915 and sixth in 1914. Owing to the comparative slightness of the symptoms exhibited, early detection and isolation is more difficult than with the more serious diseases. Measles appears in a better light than in previous years, and markedly so compared to 1913, when it ranked ahead of tonsillitis in its damage to the service. There are, however, 3 deaths during the current year, as compared with none during 1914, and 1 in 1913. Diphtheria provides the first death from that disease since 1911. Admissions are notably decreased from previous years, 1913 showing 73 and 1914 showing 59, as compared with 38 in 1915. Smallpox shows the same number of admissions and deaths as in 1914, materially better than the 38 admissions and 3 deaths in 1913, discussed at some length in my 1914 report. The elaborate precautions observed in our service in maintaining an active immunization of our personnel against variola are indicated by the fact that 63,747 vaccine points were forwarded to medical officers on requisitions during the past year, and by the following paragraph from the changes in Naval Instructions of date of July 15, 1915:

> 3211. (1) Recruits shall be vaccinated within 24 hours after their arrival on a receiving ship or at a barracks. In case of failure the operation shall be repeated in eight days. If the second vaccination is not successful, it shall be repeated at the first opportunity with a vaccine of assured potency. The only acceptable evidence of successful vaccination is a *pitted* scar following vaccination. Results of vaccination shall be recorded on the health record and reported on the quarterly report of sick.
>
> (2) No recruit in the Navy or Marine Corps shall be transferred from a training station, receiving ship, or barracks, or other rendezvous, until the medical officer is satisfied that the man is protected against smallpox.
>
> (3) Every enlisted man of the Navy or Marine Corps shall be vaccinated upon reenlisting, or extending enlistment, unless (a) he has two *pitted* vaccination scars, or (b) shows evidence of a previous attack of smallpox.
>
> (4) Every officer upon appointment should be vaccinated immediately upon reporting at his first station for duty and the fact entered on his health record. Revaccination should be performed at least once in every seven years thereafter unless he has two *pitted* vaccination scars or evidence of a previous attack of smallpox. The responsibility for revaccination shall rest upon the medical officer making the annual physical examination required by I 709 (5). If it is impracticable for this medical officer to perform the vaccination he shall notify the proper medical officer, through official channels, so that it may be carried out. The medical officer who performs the vaccination shall note the result of the vaccination on the officer's health record.

APPENDICITIS.—Appendicitis leads the list of affections demanding operative procedure. There were 623 admissions and 20,828 sick days attributable to this, an improvement, however, over preceding years. Five hundred and four operations were performed. Deaths numbered 7.

INFLUENZA.—The influence of the pandemic of this disease occurring last year is shown in the following figures offering comparison with the two preceding years.

Year.	Admissions.	Sick days.
1913	998	[illegible]
1914	1,520	[illegible]
1915	4,133	[illegible]

It is noted that the admissions and sick days are both increased fourfold over 1913. Its relative rate among the diseases listed on page 7 jumped from last place to seventh, and it represented 9 per cent of the total admissions for the year. The present epidemic followed the usual course from east to west, undoubtedly aided in its origin in eastern Europe by chaotic war conditions, and its dissemination also furthered by the same means.

It is of interest to quote the following from the annual report of the Surgeon General of the Navy for the year 1891, regarding the last great pandemic, that of 1899–90:

"This disease presents some very interesting facts in connection with the sick of the Navy for the year 1890. One thousand four hundred and twenty-two cases were reported, *one-tenth* of the whole number admitted to the sick list during the year, representing a loss to the service of 7,719 days, or an average of 5 plus days for each case. The disease was not confined to any locality or to the force afloat, but prevailed alike on our vessels in foreign waters and at home, in the hospitals, and at shore stations. It is more remarkable to note that only 1 death occurred out of 1,422 cases reported."

MALARIA.—Malaria provided 1,205 admissions, 12,150 sick days, and 3 deaths, as compared with 1,170 admissions, 10,607 sick days, and 1 death in 1914, advancing slightly in its relative standing. The greater part of this incidence occurs among the personnel of our marine expeditionary forces ashore on tropical duty, as at present in Haiti and in Santo Domingo. During the present calendar year, and not embraced within the statistical period of this report, a number of cases of a severe hemorrhagic type have occurred among our forces in Haiti.

PNEUMONIA.—While occupying a prominent position among the causes of death, following only drowning and tuberculosis, pneumonia stands fourteenth on the list on page 7, having held this same relative position for the past three years. There were 288 admissions, 9,156 sick days, and 22 deaths, as compared with 292 admissions, 9,488 sick days, and 33 deaths in 1914, and 189 admissions, 6,110 sick days, and 21 deaths in 1913. The mortality rate will be noted to be markedly reduced, as the 1915 rate is but 7.6 per cent, the 1914 and 1913 rates both being 11 plus per cent.

TYPHOID FEVER.—From the following table it will be seen that the remarks which I made in my report of last year concerning the reduction in menace of typhoid are borne out by the statistics of the year since. The admissions are only appreciably higher than in 1914, 18 as to 13; rate per 1,000 and sick days also little changed. There were 5 admissions and 402 sick days from paratyphoid, as compared with 9 admissions and 355 sick days in 1914. One death from typhoid occurred, whereas none occurred in the previous year. With an average complement of 68,075, the one death in the last two years represents an incidence of 0.7 per 100,000, as compared with the figures prepared by the Journal of the American Medical Association for 1915 (based on the population of our larger cities), of 8.65 per 100,000.

Year.	Admitted.		Died.	Sick days.
	Number.	Rate per 1,000.		
1909	189	3.30	17	10,378
1910	193	3.30	10	9,426
1911	222	3.61	15	14,024
1912	57	.92	2	5,234
1913	22	.33	4	1,657
1914	13	.19	0	1,027
1915	18	.26	1	1,031

Of the 18 cases, 3 are of erroneous diagnosis, change in diagnosis to paratyphoid having been made in 2 cases and to influenza in 1 case, leaving 15 apparently authenticated new cases of typhoid. Of these 15, 7 had not had the inoculations for various reasons—i. e., 4 on account of histories of previous attacks of typhoid, 2 in recruits who were enlisted during the incubation period of the disease, and 1 who, apparently through carelessness or ingenuity, had escaped the medical officer.

Thus we have 8 left who incurred typhoid despite the protective inoculations, and these are arranged in the following table to show the length of time in each case between the inoculations and the onset of the disease:

	Period of protection.
Case 1	3 years 4 months.
Case 2	2 years 9 months.
Case 3	2 years 8 months.
Case 4	2 years 5 months.
Case 5	3 years 6 months.
Case 6	3 years 8 months.
Case 7 [1]	4 years 3 months.
Case 8 [2]	7 months.

While this table represents in itself a small number of cases, it stands, however, for the incidence of typhoid in a personnel of 68,000 protected by four-yearly inoculations of a killed culture of typhoid organisms.

Disregarding case No. 8 for obvious reasons, we have a most interesting commentary on the duration of this artificial immunity, and an indication that the present four-year period needs material shortening. It can not be a mere coincidence that no cases developed within the first two years, and the fact that they did not speaks volumes for the efficacy during this time. Nor in the first half of the third year do we find a case until the twenty-ninth month, and only three under a full three-year period. The average is three years and two months, and the only one going over the four-year period case No. 7, succumbed to the disease.

Theoretically, results would have been 100 per cent perfect in the prevention of disease if the period had been two years, and only slightly less so if a three-year period were followed.

The adoption of the latter is being considered, one of its drawbacks being necessarily an abandonment of the coincidence of reinoculation with reenlistment.

The menace of paratyphoid is at present so slight in our service that a mixed vaccine has not as yet been adopted. This, however, is being done by practically all the warring powers, using not only typhoid but paratyphoid A and B.

TYPHUS FEVER.—Specific reference is made to this disease because of its revival as an epidemic scourge during the present war, and its probable rôle as an important menace to the service should this country be embroiled. Its occurrence in the Navy at present is negligible, showing, however, a slight increase in the last two years—5 cases and 1 death in 1914, 4 cases and 1 death in 1915, there having been no cases in 1913.

The tremendous benefit of modern sanitary knowledge is nowhere more convincingly demonstrated than in our very recently acquired ability to handle with scientific accuracy this dreaded scourge. The work of Nicolle in demonstrating the transmitting agent and that of Plotz in isolating the infecting organism came at a miraculously opportune moment. Routine quarantine procedure in the face of the present great conflict, with numbers of scattered foci of infection, would have been comparatively helpless in carrying out the energetic repressive measures that have achieved such quick and notable success, particularly in Serbia, where the infection was in full flame before these measures were inaugurated.

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[1] Died.

[2] Diagnosis doubtful. Received inoculations in 1912 and 1915.

SANITARY CONDITIONS AND MEASURES AFLOAT.

The problem of solving the unsatisfactory conditions connected with the use of the combined heating and ventilating system in our newer ships was discussed in my report of last year. The following remarks from the annual sanitary reports of medical officers of the latest additions to our battleship fleet bear out my remarks.

The fleet surgeon on the U. S. S. *Wyoming* is quoted as follows: "The indirect combined system installed on the newer ships has been much criticized because, as installed, it furnishes parched air, which is certainly somewhat injurious. A humidity of about 70 per cent is desirable in respired air. If the outside air be at 40 F., and even if it should have 100 per cent of saturation at that temperature, which it has not, such air heated to 70° and delivered to living spaces without additional moisture will have a humidity of only 36 per cent. When, with a temperature of 40° the outside air has a normal average humidity of 70 per cent, the heated air under the same conditions at 70 F. will have a humidity of 25 per cent. Some device should be developed for humidifying the heated air in the trunk. It would seem that this could be effected by a water spray actuated by a steam jet. I think this should be tried, as the indirect system where proper provision has been made for supplying moisture is certainly superior from a sanitary standpoint to any system of direct radiators, whether steam, hot water, or electric, as with none of these can any effective moisture supply be devised.

"The naval service at large, both afloat and ashore, is much given to our national vice of overheating. If this tendency were curbed by a general order, our difficulties in handling the parched-air problem would disappear along with our present bad habits. An educational campaign on this subject is needed both in and out of the service. Even though we are confronted with the conditions incident to this vice in theatres, railways, hotels, and restaurants, this does not constitute an excuse for heedlessness and indifference to the matter in our own domain, and we should cease to treat ourselves and our sailors as hothouse plants to their decided injury. Body heat is properly maintained by food, and by clothing which prevents undue dissipation of the natural heat of the body. If a man is properly bathed, clothed, and fed it is not necessary in order to maintain his body heat to place him in an oven and to make him breathe parched air. The lack of any intelligent interest in this matter on the part of most medical officers is to be reprehended. Most of them accept conditions as they find them and fall in with the crowd and follow it instead of endeavoring to lead and teach it. They know that cool, fresh, natural air has been found good for sick lungs, but it does not seem to occur to them that it may be equally good for sound ones."

The medical officer of the U. S. S. *Arkansas* has the following:

"The ventilation, however, can not be considered independently of the heating system since fresh air is taken in by the blowers, heated (when necessary) by passing over steam coils, and then delivered by blowers through ducts to the various compartments, entering through the McCreery or other terminals. This combined ventilating and heating system is far from satisfactory. During winter weather fresh air is taken in at low temperature and capable even at saturation of carrying a comparatively small amount of water vapor.

This air is heated (and expanded), thereby greatly reducing the relative humidity of air finally supplied to the living spaces. For instance, even if air were saturated at 40 F. it would contain 2.86 grains of water (vapor) per cubic foot, and when heated to 70 F., at which temperature the air is capable of holding 8.01 grains per cubic foot, *ceteris paribus*, this air would have a relative humidity of 36 per cent, whereas the desideratum is about twice that amount, viz, 70 per cent. Expired air is saturated for its temperature, say 98 F., and is carrying about 18.9 grains of water vapor per cubic foot. The saturation deficit must be supplied by the respiratory mucous tract and much dryness and irritation of the sinuses and respiratory tract result.

"Air from a louver in the wardroom country has been observed by me to be delivered at 120 F. dry-bulb (i. e., the thermometer scale would register no higher, but the mercury went the limit), while the wet-bulb thermometer mounted on the same board registered 70 F. Some method of humidification of the air so heated should be devised in order to reduce the headaches, and nasal and bronchial irritation caused by the too dry air."

The medical officers of the U. S. S. *New York* and *Texas* also noted the necessity of adding moisture to the air:

"The heating of the ship (*New York*) is effected through the supply ventilating system, and is efficient. The amount of steam to the radiators in this system is controlled in the engine room, rather than at the numerous radiators throughout the ship. The dryness of the air, which is common to the indirect system of heating, is corrected by having a small jet of steam escape from the radiator to be taken up by the passing air. With this combined heating and ventilating system, the advisability of having a cut-off in the louver of a pipe discharging into a passageway or into a large compartment, is questioned. Too often a cut-off is found closed because the rush of air, or dust coming through the pipe, or an uncomfortable temperature has been annoying to someone. On an inspection below deck, a number of louvers are always found closed, and the efficiency of the ventilating system correspondingly diminished."

"In most of the living spaces on this ship (*Texas*) as the heat and fresh air come through the same system it is impossible to supply fresh air without heat if the heating system is on. Therein lies the great drawback to the dual system. If the dual system is to be retained on our ships I would recommend increasing the number of heating bunkers, as with the present system there is much too large a territory supplied from a single bunker which results in a section of the territory supplied getting too much heat and another an insufficient amount. Steam radiators have been installed in the forward lavatories belonging to the wardroom, junior, and warrant officers, with satisfactory results. During the past two months the general heating system on this ship has been placed under the immediate charge of the medical officer, and we have found that the dual system will heat the ship even in very cold weather, provided the instructions are properly carried out. Our present scheme is to turn the heat on the spaces occupied by the crew at 4 a. m., and to turn it off at 9 p. m. We turn heat on the officers' quarters at 5 a. m., and off at 11 p. m. The results have been fairly satisfactory. I am of the opinion that if the heat be cut off entirely during the sleeping hours it will, to a very great extent, eliminate the complaint in regard to the excessive dryness of this system. It appears to me that the cutting out of all heat during several hours each night is a distinct sanitary gain."

Hospital ship.—Congress has authorized in the appropriation bill the first hospital ship to be built as such from the keel up by this or any nation. Plans for this ship, based on long experience with converted hospital ships and the experience of the European war, have been prepared by the Bureau of Construction and Repair in collaboration with the Bureau of Medicine and Surgery. The ship will be an oil burner, designed for a capacity of something over 300 patients in peace time, with a war capacity of over 500. The design incorporates the most advanced features of ship construction, including stabilizers, vacuum cleaning installation, etc. The hospital department will, in addition to its medical, surgical, and contagious-disease divisions, include an up-to-date out-patient department for special examination and treatment of men in the fleet requiring special and temporary services. She will also carry in her hold regimental and field hospital medical equipment, including ambulances and other sanitary paraphernalia. When finally completed it is believed she will represent a model ship of this class for many years to come, and her usefulness may well be expected to continue during the lifetime of those who had a hand in her designing. It would be impracticable to describe the many advanced features of this ship in this report, but the methods of handling patients, their baggage, food, laundry and linen repair, the care of the dead, X-ray, chemical and biological laboratories, interior transportation, vacuum cleaning, water cooling and distribution, and other measures for the care, comfort, and welfare of the sick have required much thought, study, and perseverance. In preparing the plans the bureau is indebted to many of the medical officers of the service who have contributed their opinions and ideas to the end that an efficient and useful adjunct to the fleet might be created.

A representative of the Bureau of Medicine and Surgery has been in touch with the plans from the beginning, and it is hoped will be able to follow the ship through her construction to ultimate completion.

SANITARY CONDITIONS AND MEASURES ASHORE.

Naval Academy, Annapolis, Md.—The total number of admissions for all causes was 1,730, and 120 readmissions, with a total of 3,589 sick days. This gives a daily average of 9.83 patients as compared with 6.12 in 1914. The average complement for the year was 1,428, an increase of 108 over 1914. Of the admissions and readmissions, 1,566 were for diseases with 3,097 sick days, and 284 for injuries with 492 sick days. Of the diseases, the greatest damage was due to influenza, which caused a total of 616 admissions and readmissions to the sick list with 1,509 days. Gastro-intestinal diseases caused a total of 158 admissions and readmissions, counting midshipmen only, with a loss of 221 days as compared with 196 admissions and 326 sick days in 1914. There were 94 admissions and readmissions due to football, with a loss of 147 days as compared with 42 admissions and 100 days in 1914. The daily average of patients for diseases was 8.48 and for injuries 1.34. The percentage of sick was 0.74 as compared with 0.46 in 1914. There were 490 cases transferred to hospital, of which 113 were for injuries. Seventeen men were invalided from the service. three died, all due to accidents, two away from the station, and one from drowning at the academy. There were 25,796 visits of midshipmen to sick quarters, causing a damage of 2,728 sick days and 2,852 days on the excused list. As compared with 1914, there were 2,413 more visits to sick quarters, 942 more days on the sick list, and 284 days less on the excused list. The average number of visits per day in 1915 was 70.6, as compared with 64.06 in 1914. There were 494 vaccinations against smallpox, and 795 persons received typhoid prophylactic. In the laboratory 1,236 urine, 54 blood, 1 feces, 20 milk, 20 sputum, 60 cultures, and 11 smears were examined.

The Naval Academy dairy was moved to the farm at Gambrill's Station in May. This farm contains 780 acres, and the soil is well adapted to cultivation, having been tested by the Department of Agriculture. The cow stables were built and all equipment for the dairy installed under the supervision of the Bureau of Animal Industry. At present 100 Holstein cows furnish about 300 gallons of milk; this milk is cooled down by a refrigerating process to 40° immediately after being drawn, and is shipped by rail to Annapolis. It is kept at a low temperature in the milk and butter room at Bancroft Hall until used. As previously mentioned, the dairy is under the supervision of the Bureau of Animal Industry, the representatives of which frequently test the cows for tuberculosis, and inspect and score the dairy as to methods and equipment. By this means milk is kept up to the highest standard. This milk of Holstein cows is not rich in butter fat, having about 2.5 per cent, which is rich enough for adults. In some cases it has been found that infants did not thrive on this milk, but as a rule the low degree of butter fat is more than compensated by the purity; especially is this the case in the summer time when bacteria are more prolific.

The best results from the use of milk are seen during the summer in the effect on the new fourth class men. The upper class men being absent, these have all the milk they can drink, so very appreciably gain in weight. The average gain of the present fourth class was 7 pounds per man from the entrance in June and July to the 1st of October, or a total of 1,890 pounds in less than four months.

The following tables and remarks submitted by Surg. R. G. Heiner are given here as of quite general interest:

Average defects for all midshipmen this year and last year.

Number of physical defects.	Percentage of total.	
	1916	1915
No physical defects	54.26	40.15
1 to 5 defects	40.00	45.29
6 to 10 defects	5.55	7.27
11 to 15 defects	.90	4.29
16 to 20 defects	.40	.85
Over 20 defects	.13	2.15

Defects, by classes, and comparison with last year.

	First class.		Second class.		Third class.		Fourth class.	
	1916	1915	1916	1915	1916	1915	1916	1915
	P. ct.	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*	*P. ct.*
No physical defects	37.13	14.97	65.40	25.01	64.35	28.07	49.05	40.88
1 to 5 defects	54.62	77.58	30.81	69.79	32.68	66.57	45.28	55.06
6 to 10 defects	14.85	4.59	2.70	3.64	2.47	4.07	3.77	2.46
11 to 15 defects	2.28	2.29	.53	.52	.50	.00	.47	.80
16 to 20 defects	.00	.57	.53	.52	.00	.45	.94	.40
Over 20 defects	.00	.00	.00	.52	.00	.00	.47	.40

Average strength, by classes, compared with last year.

	First class.	Second class.	Third class.	Fourth class.
1915	5,391	5,555	5,166	5,014
1916	5,461	5,483	5,470	5,167

Average weight, by classes, compared with last year.

	First class.	Second class.	Third class.	Fourth class.
1915	149.9	146.4	147.4	146.1
1916	151.6	151.1	151.5	150.8

Spirometer deficiencies.

	First class.	Second class.	Third class.	Fourth class.
	Per cent.	*Per cent.*	*Per cent.*	*Per cent.*
1915	6.77	4.07	3.64	4.7
1916	16.00	5.3	3.4	3.87

Average gain in strength per man since last year.

First class.	Second class.	Third class.	Fourth class.
Points.	*Points lost.*	*Points.*	*Points.*
70	72	304	153

Average gain per man in weight since last year.

First class.	Second class.	Third class.	Fourth class.
Pounds.	*Pounds.*	*Pounds.*	*Pounds.*
1.7	4.7	4.1	4.7

"There is no way to account for the greater number of spirometer deficiencies for the first and second classes. They have had, if anything, more outdoor exercise, and the Swedish drills are carried out as usual with a view to development of lung capacity, free movements of the chest, and correct posture.

"A careful examination of each midshipman has been made, and I am taking the liberty to report on certain defects which have not been made a subject of previous reports and to recommend certain exercises which I think will do a great deal toward correcting them.

"I find that the following percentage of midshipmen in the various classes have curvature of the spine to a more or less marked degree:

First class.	Second class.	Third class.	Fourth class.
4.0	6.4	14.0	13.2

"That the following percentage have a tendency to or slight flat feet:

First class.	Second class.	Third class.	Fourth class.
14.5	15.1	22.2	30.0

"That the following percentage have flat feet to a marked degree:

First class.	Second class.	Third class.	Fourth class.
5.1	6.4	7.4	10.3

"In addition to these more frequently present defects, there are a few cases of marked underdevelopment—4.2 per cent of fourth class, 2 per cent of third class, 5 per cent of second class, 5 per cent of first class.

"The Swedish drills do much toward correcting deformities and developing the muscles, but these few with marked deficiencies need special and constant attention. They should take part in as many forms of physical culture and athletics as possible, besides having special exercises to suit their needs."

NAVAL DISPENSARY, WASHINGTON, D. C.—Medical attendance furnished to officers and enlisted men on the active and retired lists and their families included 3,340 house calls, 2,232 dispensary consultations and treatments, 179 electrical treatments, and 156 bakings in the hot-air apparatus for chronic joint troubles.

Office calls by months were as follows:

July	513	February	585
August	118	March	629
September	328	April	567
October	567	May	564
November	556	June	446
December	689		
January	937		6,499

The total number of cases treated by the specialist on eye, ear nose, and throat diseases was 3,241. Dental treatments numbered 1,002. There were 11,622 prescriptions compounded.

Much assistance to the regular staff was furnished by the specialists on mental and nervous conditions, skin diseases, roentgenography, surgery, etc., on duty at the bureau and the Naval Hospital.

NAVAL HOSPITALS.

Annapolis, Md.—The amount of work accomplished this year in the matter of patients admitted, operations performed, and number of sick days has been greater than in any previous year, although the medical staff, owing to the shortage of the corps, has been below the needed number. Undoubtedly the coming year, with the large increase in the number of midshipmen under instruction, will be a very much more busy one.

There were 603 admissions during the year, 14,428 sick days, and 36 major operations and 143 minor operations performed. During the football season there were 36 admissions for football injuries, made up of 24 sprains, 4 fractures, 2 dislocations, 3 contusions, and 3 cases of synovitis, totaling 433 sick days.

The grounds of the hospital have been greatly improved during the year. The roads and walks have been improved or relaid and retaining walls built. The marsh at the foot of the hospital hill has been filled by contract during the present calendar year, and this long-standing nuisance has finally been abated and the improvement will ultimately add greatly to the beauty of the entire reservation.

Canacao, P. I.—The sanitary condition of the hospital reservation during 1915 was excellent, no cases of disease attributable to insanitary conditions originating here. The health of the working personnel was excellent, only 10 cases of dengue occurring.

There were 51 cases of injury and 546 cases of diseases, 49 remaining from the year 1914, 72 admissions, 476 readmissions, 379 discharged to duty, 7 deaths, 66 transferred, and 75 continued to the year 1916.

Of diseases, 46 cases remained from the previous year, 67 cases were discharged, 433 readmitted, 350 discharged to duty, 64 were changed diagnoses, 3 died, 64 were transferred, and 65 were continued to the calendar year 1916.

Of injuries, 3 cases remained from the previous year, 5 cases were admitted, 43 were readmitted, 29 were discharged to duty, 6 diagnoses were changed, 4 cases died, 2 were transferred, and 10 were continued to 1916.

The total number of sick days due to diseases was 12,142, and to injuries, 897.

During the year there were 245 cases of venereal disease with 5,779 sick days, including 150 cases of syphilis with 3,342 sick days from that disease. There were 699 Wassermann tests made and 97 salvarsan treatments.

Chelsea, Mass.—The new hospital was commissioned April 24, 1915. This modern type of hospital, together with its complete and up-to-date equipment and furnishings, provides an establishment for the care of the sick wherein little more could be desired. Incidental to the occupancy of the new building, considerable structural defects of minor consequence developed that have necessitated supervision and correction.

A generally good sanitary condition was maintained about the reservation during the year. The plumbing, sewage, and drainpipes in the western end of the old hospital and outlying buildings, which are of old design and time-worn, have been repaired from time to time as necessity required. The western half of the old hospital has in part been made use of for the care of any contagious or infectious cases that occurred. Hospital corpsmen, civilian employees, and the marine guard are also housed here. Provisions could also be made in this section to care for about 75 patients. In view of the fact that it is necessary to maintain this part of the building for the purposes above mentioned, the lavatories, baths, and plumbing, which are worn out, will have to be renewed during the present year, even though no repairs and alterations are made to put it in an efficient condition for the care of an overflow of patients. Should the latter be undertaken, suitable cooking arrangements would also have to be provided, as the equipment of the old kitchen is antiquated and worn out. The eastern half of the old hospital was converted into quarters for nurses. Here, repairs and alterations were made throughout, baths, lavatories, and plumbing renewed, and furnishings and equipment provided for 15 nurses and 3 servants. A change from steam to hot water heating was effected throughout the entire building.

In the reconstruction of this end of the building all communications with its western half were cut off by bricking up the various entrances. A doorway was built to the south and the old one to the north maintained. The various floors are reached by a stairway in the rear or north end of the building, which, as a means of exit from the third and fourth stories in the event of fire is considered inadequate. Fire escapes could be put on the building at but little cost. It is believed that the establishment of this well-appointed home for nurses on the reservation will result in a marked degree of contentment among them and a consequent maximum efficiency obtained for the institution.

Great Lakes, Ill.—The reopening of this hospital has been fully justified. The number of patients treated has increased to such an extent that at present over 100 patients are being taken care of, whereas the hospital is normally an 80-bed institution. With the increased number of patients, much trouble has been experienced in finding places to berth them. Even with the size of the Navy during the past year this has been found necessary, and with the increase authorized by the present Congress the pressure will be extreme. The hospital is in every way a great credit to the service, and in its equipment and service is unsurpassed. Unfortunately no appropriate provision is at hand for contagious diseases, which are extremely prevalent in this region, particularly so on this station. which as a training station necessarily handles youths of a susceptible age. Influenza, mumps, scarlet fever, etc., have caused much loss to the service, and much interference with efficient work and routine. At least three contagious units should be provided. Much minor repair work is needed in the way of relaying tiles, walks, etc. Fifteen hundred feet of the former need replacing, and all of the old walks, being of wood, are becoming a menace and need replacement with permanent concrete.

The cemetery has been placed under the charge of the commanding officer of the hospital during the past year. The location of this is, however, unfortunate, and removal to the attractive and appropriate grove at the extreme western end of the hospital reservation is desirable. The very limited number of graves in the present situation would render this an easy and inexpensive task, as well as providing a most suitable and dignified resting place for our future naval dead.

Las Animas, Colo.—The excellent professional side of the work done at this hospital has been discussed on page 10.

The work of graveling the roads has been continued as opportunity offered during the year. The majority of the pines and elm trees which had been set out during the preceding two years are alive and made a good growth, and 90 per cent of the pines and ash trees transplanted this year are alive and doing well. About 500 rose bushes were presented to the hospital and were set out in February and all are in thrifty condition at present. The vegetable garden furnished an abundance of such vegetables as were spared by the unusually late frosts in the spring; in a few instances it was too late in the season to reset the plants killed in this manner.

Cost of daily ration for fiscal year:	
1912	$0.781
1913	.739
1914	.721
1915	.672
Cost of daily ration for fourth quarter, 1915	.637
Cost of daily ration for first quarter, 1916	.576
Cost of daily ration for second quarter, 1916	.524

It is to be noted that with this marked reduction in the cost of the ration there has resulted an improvement both in its quality and variety. It seems reasonable to expect a further reduction of about 2 cents in the average cost of the ration during the remainder of this fiscal year. The service from the bakery has been entirely satisfactory.

Development work on the farm has continued. Not more than 50 acres of the original prairie land which is available for agricultural purposes remains to be broken up. About 2,400 bushels of grain were harvested, which will be an ample supply for all farm animals for the year; also an abundant supply of first-grade alfalfa hay. About 500 tons of barnyard manure were obtained from a neighboring ranch and ploughed into the various fields in addition to green manure for about 50 acres of sweet clover, alfalfa, and oats. In addition to the routine work about the farms and building area, the farm teams have hauled more than 900 tons of hospital stores from Las Animas and Rixey. A costly outbreak of hog cholera occurred during the late fall and caused the loss of nearly 100 of the herd of hogs in various stages of development—50 per cent of the entire herd. Fortunately all but three of the brood sows were saved and should only suffer a loss of about six months in the normal development of the herd.

During the past year the hospital has expended $12,506.86 for milk and cream. The present Congress has provided $25,000 for the establishment of a much needed dairy. The hospital has been paying $0.26 per gallon for milk, which it can now easily produce for $0.10. This is a most desirable and satisfactory addition to the institution.

Newport, R. I.—Improvement of the grounds has progressed most satisfactorily. A fence inclosing the grounds on all sides excepting the water front has been built. This construction is post-and-rail, concrete posts carrying two rails of 2-inch galvanized iron pipe. Inside the fence a privet hedge has been planted. This, as the hedge makes growth, will serve very well to protect the grounds from outside trespass. The public are permitted to pass through the grounds by a pathway along the sea wall; there has been little disposition to gain unauthorized admission. Outside lighting of the grounds, by a series of 18 high-power lamps on ornamental iron pillars bordering the front and rear roadways and the wharf, has been installed.

The embankment facing the harbor has been graded along the new section of sea wall and a footing of turf laid; the upper surfaces will be seeded in the spring, thus completing the improvement of the waterside. A graded and graveled pathway has been made along the sea wall at the foot of the embankment, which is open to the public.

The large area which had been plowed in the autumn was cleared of stone, the old roads and paths surfaced with soil and seeded in the spring, and is now in good turf throughout. The section in the rear of the main building, facing Third Street, which had been the dump for broken rock and soil from the foundation excavation, has likewise been cleared, leveled, topsoiled, and seeded with like results. The low area in the northeast corner of the grounds, adjacent to the power house, has been about half filled with cinders from the power plant and surfaced with topsoil.

The completion of this section will practically finish the improvement of the grounds. In the way of arboreal embellishment, a screen of evergreen trees, 30 in number, 10 feet high, has been planted, bordering the roadway to the rear entrance on Third Street. At the front entrance two groups of dwarf conifer evergreens, 36 trees, have been planted; the oval in the driveway facing the front steps has been beautified by a central bed of hardy rose bushes and on the margin a plantation of pyramidal box trees.

NEW YORK, N. Y.—Three new contagious units of standard design have been erected in the northwest corner of the hospital reservation. These are one-story brick buildings, each having one ward, susceptible of division into three compartments, diet kitchen, ward toilet, quiet room, medical officer's room, nurses' room, toilet for nurses, and two halls.

OLONGAPO, P. I.—The *Relief* is still, as condemned in my report of last year, the only hospital on this station, and as such has met the needs arising. The condition of the ship in general is poor, and unless a considerable sum is expended another year will practically necessitate rebuilding of the entire hospital part of the ship. The sanitary condition is poor due to the rotting woodwork, the medical ward needing a wooden deck to replace the canvas covering, and the boat deck and screened infectious ward are leaking badly in spite of recanvassing and pitching, making the quarters of the medical officers and Hospital Corps at times uninhabitable.

PHILADELPHIA, PA.—The undesirable location of the present hospital reservation, the insanitary commercial neighborhood, and the great distance from the source of the majority of its patients—the navy yard—make it more and more evident that a new hospital should be constructed nearer the navy yard. With the increase in the naval personnel this will become decidedly more evident and unless carried out additional construction will be needed on the present site.

Quarters for female nurses are also needed, as the Government is at present using the expensive plan of renting quarters in the city of Philadelphia, not only an extravagant but an inconvenient substitute.

PORTSMOUTH, N. H.—This new hospital is doing excellent work, expanding in scope each year. The total number of patients from the active list of the Navy during the calendar year 1915 was 816, with 22,939 sick days, or a daily average of 62.8 patients. In addition to these there were under treatment 27 supernumeraries, with 551 sick days, making a total of 853 patients, with 23,490 sick days, or 64 patients per day. Compared with preceding years there were, in 1914, 17,392 sick days and an average of 47 patients per day; in 1913, 7,059 sick days and an average of 19 patients per day.

The commanding officer, in commenting on the excellence of existing conditions, points out, however, the needs of quarters on the hospital reservation for the medical and Hospital Corps staffs, the need of an infectious disease pavilion, and the need of a suitable stable and garage, as well as additional storage facilities.

PUGET SOUND, WASH.—The general condition of the hospital grounds remains about the same, although there has been considerable work and attention given to keeping the grounds in an attractive condition. Early in the year the new infectious wards were completed, and have proved a great success, although only a few cases of smallpox, chickenpox, mumps, and measles have been admitted. One house is used as a venereal ward and is found to be a great improvement compared with the damp vacant basement of the main building that was formerly used for such cases.

The following cases of contagious diseases were admitted, i. e., 2 cases of smallpox, both recruits from the receiving ship, and who had previously been sent from the Salt Lake City recruiting office to this station, where there are no means of segregation of men recently entering the service. Both cases, although of a confluent type, recovered and were discharged to duty in good condition. Two cases of cerebrospinal fever developed on ships in the reserve fleet. One died and one thoroughly recovered and was restored to duty. There were 7 cases of chickenpox of a mild type, 4 cases of mumps, and 5 cases of measles.

The new automobile ambulance which was purchased in May has been a source of comfort to the patients in transportation, and the necessary work has been greatly facilitated by its use. A suitable temporary garage was built at small cost and has been satisfactory. A very much needed stable has been built within the grounds and was occupied late in December. It will undoubtedly be a source of convenience as well as more economical for future use.

WASHINGTON, D. C.—The annual report of the commanding officer of this hospital is most complete in its discussion of all points of value to the service, including buildings, material equipment, Hospital Corps, patients, etc.

During most of the year only two or three wards of the hospital have been utilized. The receipt of a large number of patients from the *Solace* early in the year caused all beds to be filled, and there was an overflow of patients to the top floor of the hospital corps building where there are two wards suitable for such purposes. In that locality patients capable of walking were quartered, such as were able to go to the mess room for meals. Of course such a situation requires additional members of the Hospital Corps.

During the year the hospital continued to receive from various stations patients having mental disorders in varying degrees. Quite a number of them were ultimately transferred to St. Elizabeth's Hospital, and some were found to be of such character as to permit discharge from service.

In connection with the subject of mental disorders the hospital has been impressed with the number of cases of paralytic dementia and consequently the effect that syphilis continues to have on the naval service. Another situation is that some of these cases when subjected to intensive treatment have been found to improve to the extent of appearing quite normal to their friends and relatives. During that time it appears quite possible that in some cases there may be request or desire for return to duty. However, the point can not be too strongly emphasized that no person with such history should ever again be placed in a position of responsibility.

The facilities afforded at this hospital during the year for the treatment of disease and injury have been excellent. Results obtained from operations have been excellent as a rule. In connection with operations the underground tunnel connecting the main building with the sick officers' quarters has continued to afford a convenient and proper route for the transfer of officers to and from the operating room.

The hospital received during the year the usual number of retired officers as patients. At times all rooms available in the sick officers' quarters have been occupied. There are indications that the facilities afforded here for the care of such officers are being more extensively realized. Not a few officers on the active list were received during the year for observation and for consideration thought necessary in view of health records showing continued absence from duty. A few of these cases have come within the domain of psychiatry.

NAVAL STATIONS.

GUAM, M. I.—The work of the Medical Department in Guam continues to impose a heavy burden of responsibility upon the medical officers attached to the station. The care of a 13,000 native population as well as the naval personnel, the executive details of the hospital, the sanitation of the entire island, quarantine precautions, etc., indicate the scope of activities demanded. There are no practitioners on the island other than our naval surgeons and no hospital other than that at Agana. The native realization of the benefits of such assistance decreases with the distance from the capital, and owing to ignorance, prejudice, or distance from Agana, only a small percentage of all cases are actually brought to the hospital, and but too frequently only when the patient is in a moribund condition and past possible recovery.

The work of the hospital keeps at a high state of efficiency and reflects great credit upon the medical officer in command.

GUANTANAMO, CUBA.—A suitable barrack building for the enlisted personnel is urgently needed. During the past year the men have been quartered in the construction building and from there they were moved to the surveying barge and are now quartered in tents. During the greater portion of the year the climate is quite warm, and from a sanitary point of view men can be kept in better health and spirits if they are properly quartered. A barrack building presents many advantages over a station ship. The air space on a small ship is limited, and the ventilation is comparatively poor. If the barracks were constructed on the water front, to the eastward of the machine shop, a constant breeze would blow through the building, and the air passing over the water would be cooled. At this place there would be very few mosquitoes and sand flies.

The roofs of all the living quarters at the new station have been ceiled. The quarters have thereby been wonderfully improved and the occupants are far more comfortable.

The water question at this station is still an open one. It is believed that the best water in this region can be obtained from the Yateras River.

During the past year there were 318 cases admitted with a total of 3,767 sick days. The general health of the personnel of the station has been good. There have been a few cases of dengue, and two cases of tuberculosis developed on the reservation. There have been no cases of malaria.

Key West, Fla.—The climate is essentially tropical. The presence of frost has never occurred, and the lowest temperature recorded was 41 degrees, which was more than 34 years ago. January is the coldest month and averages from 68 to 72 degrees. July and August are the warmest months of the year, with an average temperature of from 80 to 85 degrees. The prevailing summer winds, blowing from the east almost continuously over the island, render the long summer exceptionally agreeable. Occasional exceptions to the general average in temperatures occur, which last only a few days. The bed rock on which the station is located is composed of coral, with a top soil of coral marl. The flora is confined to that of the usual tropical variety, and its cultivation is carried on with success at the station.

The physical condition of the personnel is excellent. The average complement is 131. Number of cases transferred to the marine hospital, 31; number of sick days, 1,157. The percentage of sick days for the year, 2.4. The number of cases admitted to the yard dispensary ward, 53.

The sanitary condition of the station has been very good during the past year. There were no epidemics on the station. No cases of malaria have appeared which could be traced to conditions existing on the station or in the immediate vicinity. No cases of plague, yellow fever, or typhoid fever have appeared; but one case of typhoid fever has been observed, and this in the case of an officer in the Coast Artillery Corps, who came into this port with the disease, contracted at Tampa. This patient had received his typhoid prophylactic five years previously. Almost no venereal disease has appeared. The use of cowpox and antityphoid prophylactic is regularly carried out.

The health of the population of Key West has been very good during the past year, which result has its good influence on the health of the naval station. No cases of dengue fever have appeared during the year, where hitherto it has been prevalent. Tuberculosis and the gastro-intestinal diseases of infancy are the principal causes of death in the city.

New Orleans, La.—Following a period of about three years, during which it was closed, the station was reopened in January, 1915. The station comprises about 210 acres of low, level land, roughly about one-half by three-fourths mile in extent, lying along the western (south) bank of the Mississippi, with a gradual slope away from the levee. Only a comparatively few of the yard blocks have been filled in to the established drainage level, viz, those upon which yard buildings are located. The remainder are from a few inches to 2 or more feet below this level. Three main covered canal drains traverse the station from near the levee to the opposite side of the yard, where they empty into the city drains. Surface water from all these unfilled areas does not drain into the above-mentioned canals, but through innumerable small ditches, which are habitually choked with vegetation and too low to flow into the city drains. The surface drainage of the whole station is therefore poor, and mosquitoes have been prevalent throughout the year.

All public buildings of the station are in apparent good repair and in good sanitary condition. During the year all buildings occupied as living quarters have been completely screened against insects, including porches thereof, and steps taken to render them rat proof.

The general health of the station during the year has been good. There has been no epidemic of disease. The percentage of sick for the year was 2.2. This does not include those cases transferred to the yard dispensary from ships, etc., for treatment.

Pearl Harbor, T. H.—The total area of the Pearl Harbor reservation is 779.5 acres; subtracted from this is the hospital reservation of 40 acres. Roughly speaking, the reservation is bounded on the north and west by the harbor, and on the south and east by cane fields. Included in the reservation on the northeast is an island reserved for ordnance purposes, now used, however, as a base for the submarine flotilla.

The station is still in process of development. During the year five industrial buildings were erected and one refrigerating plant, one power and locomotive house, and one marine guardhouse on Magazine Island.

The following improvements in living conditions have been instituted during the year: Electric illumination of quarters which formerly ceased at midnight is now continuous; general illumination of reservation now obtains and telephone connection through the local exchange is now possible to all parts of the island of Oahu. Lawns are being developed around all the quarters and at the marine barracks and administration building; the planting of trees has been accomplished in a number of places.

Considering the disturbance of the soil, etc., in connection with the erection of buildings, construction of roads, etc., which has been prosecuted during the year, the general sanitary condition of the station has been very good.

Mosquitoes are present the entire year in great numbers, and on account of adjacent cane fields where breeding is facilitated in consequence of artificial irrigation, there does not seem to be much hope that their numbers will be diminished. The quarters are efficiently screened and fortunately the Anopheles mosquito does not exist in the Hawaiian Islands. A low, swampy area 10 acres in extent, in front of the officers' quarters, a possible breeding place for mosquitoes, is now being filled. There are no other low or swampy places on the reservation which, in normal condition of fairly dry weather, might afford breeding places. Flies are few and not troublesome.

The water supply is from an artesian well some miles distant and pumped to reservation. It is of good quality. Plumbing and natural drainage are good.

There has been no unusual endemic or epidemic disease on the station during the year.

TUTUILA, SAMOA.—All public buildings with but two exceptions are in good condition. The station mess building has been thoroughly overhauled and is in fair condition. It is, however, still an old structure, infested with rats, and never can be made entirely sanitary. It should be replaced by a substantial concrete building of more permanent construction. Concrete is recommended not only on account of its durability, but also because it can be made more easily rat proof. The station bakeshop also can not be kept in good condition. It is old and unsightly, and should be replaced by a neat concrete structure. The bake oven has been rebuilt and now answers its purpose well.

The drainage and sewerage systems of the station have proven fairly efficient. As heretofore recommended, a system of open concrete drains would be an improvement; this would prevent stagnation and accumulation of débris, etc., which afford breeding places for mosquitoes.

The quality of the water is good, but its quantity, except during heavy rainfall, is entirely inadequate. A few days of dry weather, say 10 days for example, always means a shortage of water. There has been considerable drought during the year and the water shortage at times has been most serious. The normal annual rainfall in order to preclude absolute shortage should be 250 inches; this year, however, there was a total precipitation of only 156 inches. The drought was of some five months' duration, the lowest monthly rainfall being that of August, in which only 0.6 inch fell.

Health of the personnel: Total sick days during the year were 690, as against 945 in 1914 and 1,289 in 1913. Diseases giving this number of sick days were as follows:

Conjunctivitis	44
Abscess unqualified	61
Filariasis	62
Appendicitis	65
Gonococcus infection of urethra	17

Particular care has been taken with all cases of gonorrhea to prevent spread of the disease in American Samoa. All cases were carefully restricted and sources of contagion found among the natives were promptly sent to the Samoan Hospital and restricted there until cured.

Typhoid prophylaxis was given where needed. No cases of typhoid have occurred this year. There have been no epidemics.

In the Naval Medical Bulletin, July, 1916, is a valuable account of further points of interest and activity in the hygiene and sanitation of the islands.

NAVAL TRAINING STATIONS.

GREAT LAKES, ILL.—The health of the personnel of the station for the year 1915 was very good, and the general sanitary condition excellent. The admissions for carrier, diphtheria bacillus, were those of recruits, all being discovered by cultures from throat upon reexamination on reporting on the station. Of the eight cases of tuberculosis, chronic pulmonary, six were readmissions for the disease in officers ordered to appear before a naval retiring board. Mumps and measles are the most prevalent of the communicable diseases on the station. The number of cases of the latter disease have been controlled by daily inspection of the men, especially of the throat, and the immediate isolation of suspected cases and their effects. It has not been found difficult to eliminate cases of measles. The eradication of mumps cases on the station has never been successful. Daily inspection of the brigade is made during the prevalence of the disease, and suspicious cases are isolated for observation. All the drinking fountains are of the sanitary type and are carefully cleaned; and the mess gear is thoroughly sterilized before being returned to the racks. Occasionally a week or two passes without a case of mumps, then another case of the disease appears. The effects of each patient and suspect are removed from the barracks and sterilization done in each case of the disease.

The typhoid prophylactic was given to 2,186 men during the year. No untoward effects were observed, but in a few cases malaise, slight fever, and soreness at the point of inoculation were observed.

In 1914 flies and mosquitoes were prevalent on the station, the former so numerous as to become practically a pest. During 1915 the station was comparatively free from both flies and mosquitoes. This gratifying result is believed to be due in a great measure to the efficient method of weekly inspection of the whole station by the commissioned personnel. The inspection party is divided into three groups, each accompanied by a yeoman. Every building is therefore thoroughly inspected and note made of any defect requiring attention. The medical officer accompanies the commandant, and sanitary matters are discussed during the inspection. This division of the station into three parts for inspection purposes, and the thorough weekly inspection by the three groups of officers who inspect a different part of the station each week, is believed to be the only satisfactory method of inspection of such a large station as this is, and undoubtedly obtains the best results.

Since my last report there has been added to the filtration plant at this station a liquid chlorin sterilizing equipment. This equipment was installed with the chlorin meter in the pump room of the power house, with hard rubber piping for carrying the effluent of water and the chlorin to the clear-water reservoir in the filter plant, where it mixes with the clear water as it enters the reservoir from the filters. This method allows chlorin to be properly regulated and again gives the entire reservoir (225,000 gallons capacity) opportunity for absorbing any excess charge of chlorin which may accidentally be introduced. Since installation, September 2, 1915, chlorin has been fed continuously except one day when the meter clogged. Analysis of water taken from water faucets made at the naval hospital, approximately 10 times a month, show that since September 2, 1915, the maximum bacteria have been about 10 per milliliter, and *B. coli* has been absent in all tests.

NORFOLK, VA.—The average complement for 1915 was 1,569, a reduction of 367 from the previous and even less by 75 than that of 1913. The reduced complement necessarily lessened somewhat the work done during the past year. However, some of the work accomplished by the medical department is represented by such items as 3,220 admissions and readmissions, 13,978 sick days, 2,467 vaccinations and verifications, 2,701 typhoid prophylaxis inoculations completed, 992 physical examinations for enlistment, 2,336 physical reexaminations of recruits, 5,363 examinations for transfer, 903 examinations for discharge from the service, and 106 medical surveys.

One hundred and four recruits arriving here with disqualifying physical defects were surveyed and returned to their homes. There were 33 causes for survey, and the principal causes were trachoma, 20; neurosis of bladder, 15; flat feet, 11; goiter, 7; and neurasthenia, 6.

The most important change made during the past year has been the placing out of commission and removal of the old receiving ship *Franklin*. This change was made in accordance with the past policy of the department of relegating from the service this class of vessels and was precipitated by the appearance of extensive leaks in the hull due to deterioration. Consequently, other quarters had to be found for the sick bay, medical storerooms, and examining room, which were formerly on board the *Franklin*. The sick bay and medical storerooms were removed to the U. S. S. *Cumberland*, which now occupies the berth formerly occupied by the *Franklin*. The examining room was installed in two bungalows adjacent to building 86, and seems satisfactory as to location and accommodations. Eleven new bungalows have been added to the 4 at building 86. At building 81 (detention camp) the sick quarters have been increased by adding a well-lighted dental office and room for the physical reexaminations of recruits. This room is also used for vaccinations and to administer all typhoid prophylactic injections. Thirteen new bungalows have been added at main camp and 9 at detention camp, and many other desirable improvements have been made, particularly as regards heating and drainage.

The natural advantages of the vicinity of Hampton Roads as a location for a naval training station were referred to in last year's annual sanitary report, and a recommendation was made therein against the past policy of improving and repairing this station and in favor of the construction of an institution of modern, substantial structures in line with those buildings of the other training stations of the Navy. The present site is not suitable for the construction of such an institution, and it is also very probable that these grounds and water front will be needed in the near future to add to the facilities of the navy yard. For the past several years the desirability of building barracks in which to house the crews of ships undergoing repairs has been discussed with increasing frequency, and if such policy were to be adopted by the department these grounds could be advantageously appropriated for that purpose.

Without doubt the shores of the waters of Hampton Roads offer many excellent sites for the purpose of constructing a modern naval training station, and in particular the grounds of the Jamestown Exposition may be mentioned as almost ideal for such purposes.

NAVY YARDS.

BOSTON, MASS.—As noted in my report of last year, the medical officer of the yard has been most zealous in visualizing and actively carrying out activities beyond the usual scope of prescribed duties. New fields have been invaded and all departments combined so as to make a solid front to fight for health and to coordinate the efforts of all for the general good. There is no more fertile avenue for the entrance of disease into the service than through the foodstuffs supplied by contract to the personnel. How this food shall be prepared is generally definitely specified in the contract, and Government inspectors are supposed to see that the specifications are carried out, but nowhere is it specified that these foods must be prepared in sanitary surroundings, that the bread, milk, meats, etc., should be handled by clean hands, and prepared in clean shops, and this is practically as important as the purity of the ingredients of which the food is composed. This, as generally outlined, opened up a wide and interesting field for work and one which was bound to produce beneficial results. With the hearty, intelligent, and efficient cooperation of the supply officer of the navy yard, the medical officer was able to have placed on the face of all contracts for foodstuffs purchased through the purchasing pay office in Boston the following legend, as part of each and every contract:

"No award shall be made to any dealer unless the said dealer's establishment appears on the approved sanitary list of the Consumers' League of Massachusetts, subject to the approval of the medical officer of the navy yard, Boston, Mass., or unless the said dealer's place of manufacture, preparation, and packing, and all appurtenances and utilities pertaining thereto, shall have passed a sanitary inspection by the medical officer of the navy yard. Furthermore, any and all contracts shall be voidable without notice, at the discretion of the Bureau of Supplies and Accounts, if at any time the dealer's establishment is removed from the approved list of the Consumers' League of Massachusetts, or if, in the opinion of the medical officer of the navy yard, the dealer fails to maintain a satisfactory sanitary standard. If a dealer declines to afford proper facilities for inspection, or hinders such inspection in any way, his proposal shall not be considered or his contract shall become void, as the case may be."

As a result of this the medical officer can now be sure that these foods are prepared in a sanitary shop by sanitary methods, that they are clean and free from contamination when they leave the storehouse. About 50 inspections have already been made under this clause, and while some firms have lost their contracts on account of the condition of their shops or their insanitary methods of handling foods, the majority have seen the mutual benefits to be derived from the regulations prescribed by the medical officer and have made such changes as would conform to those regulations. All of these establishments are reinspected from time to time as opportunity presents and contractors kept up to their contracts. All foods are inspected by a Federal inspector under the Bureau of Animal Industry of the Department of Agriculture before they are delivered to the ships. Thus we have three inspections to safeguard the foods for the service; one for the ingredients of the foods, one for the sanitary surroundings in the preparation of the foods, and finally one as to the quality of the foods when delivered.

CHARLESTON, S. C.—The general sanitary condition of the yard and station has been excellent. The yard dispensary has been taxed to the limit and it has been constantly necessary to care for some of the sick of the station in tents.

There has been gradual improvement in the grounds, but the south end of the yard is still low and damp and partly covered by underbrush. The grounds about the industrial part of the yard and officers' quarters are in good shape and well kept. That portion of the hospital reservation lying south of Turnbull Avenue has been turned over to the Marine Corps by order of the department, and, like the hospital reservation itself, is in good condition. The water supply has been satisfactory in quantity and quality.

There was the usual epidemic of typhoid fever in Charleston during the summer and early fall months. There were no cases among the enlisted personnel or in the officers' families. There was also an epidemic of smallpox in the county, but no cases in the yard.

MARE ISLAND, CAL.—The sanitary condition of the station in general has been excellent and the health of its personnel very good throughout the year. The relative diminution of disease incidence noted last year as compared with several preceding years has continued. There occurred among an average of 1,013 officers and enlisted men the following cases of epidemiological interest: Influenza 7, tonsillitis 13, malaria 7, mumps 7, measles 2; but 1 case of pneumonia (bronchial). There were 2 deaths, 1 from accidental drowning and 1 suicide by carbolic acid.

The sanitary condition, activities, and facilities of the yard itself have been maintained fully as well as could be expected considering funds available and required for renovating streets, heating system, and public works generally. The civilian sanitary inspector gives his whole time to details for the greater part of the year, but during the rainy season devotes half days to other work. The nuisance of marsh mosquitoes has been largely removed by burning and petrolizing the tule marshes back of the civilian quarters at northwest side of the island. It was found that dikes and ditches would involve greater expenditure of funds than could be obtained, but, at any rate, the present source of these mosquitoes has been conclusively shown by the department of public works.

The rainfall for 1915 was satisfactory, 23.3 inches, and up to January 13, 1916, for this season 12.78 inches had already fallen, assuring adequate water supply for Wildhorse Valley, Vallejo's and the navy yard's supply for 1916. The city of Vallejo will have to take steps to increase its storage facilities soon, with largely increased population expected for extensive shipbuilding work being authorized for this yard, for with one or two years of low precipitation, as experienced in 1912 (11.6 inches), local activities could hardly again be maintained without materially increasing the water impounded.

The civilian force of yard employees averaged 2,334 men during 1915.

Total number of workmen given first-aid at yard dispensary	2,557
Total number sent home after treatment	208
Total number receiving redressings	386
Total number of deaths (killed in yard)	0

A week rarely passes that one or more injury or disability cases do not demonstrate clearly that it is to the decided advantage of the Government that applicants for civil employment be examined by some Government physician who is not pecuniarily or otherwise interested in the applicant to the prejudice of the interests of the Government. Heads of departments employing new men are now much more interested in thorough physical examinations and careful handling of injury cases than they seemed to be before injury claims were assessed against the particular yard from which they emanated.

The certification of injury claims has continued without material differences of opinion or any friction with civilian practitioners and the only cases that have been sent to the official referee appointed by the Department of Labor have been where the employee himself has either not reported for examination, declined to acknowledge himself fit to resume work, or preferred what appeared to the naval medical officer an unjust claim—either from absence of injury or disability, or with nonofficial origin.

The Naval Medical Supply Depot filled 361 requisitions during 1915, to the value of $50,829.40, the last quarter of the calendar year amounting to $21,047.32. Instead of gradually accumulating a reserve stock of nonperishable medical stores, dressings, instruments, etc., for issue in times of stress, when the majority of items would be most difficult to obtain, at least in western markets, the stock for current needs at this depot has been depleted about 20 per cent; the value of stock on hand January 1, 1915, was $61,762.63, and on January 1, 1916, but $49,995.82.

NEW YORK, N. Y.—From an average of 5,365 civilian employees, the yard dispensary furnished first-aid to 4,501 cases of injury, which is 1,275 more than for the previous year and 2,401 more than for 1913. This large number of injuries for the year makes an average of over 15 cases per working day, or nearly 1 every 30 minutes and when it is taken into consideration that the majority of these cases are treated at this dispensary throughout the entire period of their disability, each case reporting daily for treatment, the magnitude of the work done here can be easily realized. In addition to the above it has often been found necessary for a medical officer to visit a yard employee at his home to determine the progress of his disability.

There were many visits to the homes of officers and families entitled to medical treatment outside the yard. Many prescriptions, written by medical officers and civilian physicians, were filled at the dispensary for the families of officers and enlisted men. One hundred and sixty-six officers were examined preliminary to their annual physical exercise and many officers were examined at the expiration of sick leave to determine their physical fitness for duty. Visits were made to the homes of retired officers and enlisted men to determine the cause of death. Many candidates for midshipmen to the Naval Academy from the adjacent congressional districts were given the preliminary physical examination to ascertain the probability of their passing the required physical examination.

There was paid out during the year $35,892.98, or about $118 per working day, for disability compensation, under the act of May 30, 1908, which is $8,871.11 more than for the previous year; but when it is considered that there was an average of 435 more workmen employed and 1,275 more injuries during the year 1915 than during the year 1914, the proportionate increase is not great. Accounting for the large increase in the number of injuries, as noted above, it is believed that many more of the minor injuries are now reported than was formerly the case, due to instructions recommended by the medical officer. Three yard employees received compensation for one year each, their incapacity disabling them for that time.

There were 50 employees examined physically for promotion; 40 trainmen examined for color blindness, vision, and hearing; 1,649 unclassified. laborers given civil service physical examination, and 4,501 civil service forms No. 1,800 were filled out, showing markings for physical ratings during the year.

One yard employee died from septic poisoning as a result of an injury received in the yard, this being the only death recorded.

The majority of the accidents were of minor severity, not requiring the period of 15 days necessary for compensation. A number of cases of malingering or exaggeration of condition were detected and referred to the physician of the Department of Labor, who in all cases agreed with the findings of the medical officer of the yard. A number of cases that were considered as fit to return to work by both the medical officer and the physician of the Department of Labor prior to the period which would entitle them to compensation did actually remain absent 15 days or longer upon their own responsibility, and on submitting claim for compensation were paid in full for the whole period absent.

PHILADELPHIA, PA.—Throughout the year the health and sanitary condition of the station, as far as these concerned the medical officer of the yard, were very good. All of the acute contagious and infectious diseases common to this latitude have been present to a greater or less extent in Philadelphia, but none has originated within the yard in the sense of spreading from a developed case which was infected outside, and no case of illness suggests in any way the existence of unwholesome, avoidable influence, either direct or indirect in effect, within the limits of the yard.

The preparation, issue, and dissemination of information concerning matters of hygiene and sanitary importance to all on this station, including the Reserve Fleet and visiting ships, and concerning matters of broad professional interest to visiting medical officers has been continued throughout the year and has been greatly appreciated by the recipients. The facilities and assistance offered by the dispensary have been in almost daily demand, and if impartial comment of those supposed to benefit may be taken as a fair criterion the medical department is justified in believing that its activity has gone far to secure and maintain cooperative effort, to place timely, intelligible health signposts for those interested, and to effect progressive improvement in the general sanitary condition of the Government reservation.

There are 717 cases of accident among civil employees recorded at the yard dispensary for the year, of which 280 were given injury time, making a daily average of 20.5 men carried on the list and accounted for as absent because of disability incurred while on duty. The number that returned permanently to duty was 715, the remaining 2 necessary to balance those given time being accounted for by death. The difference between the total number reporting at the dispensary for injury (717) and the number of those given injury time (280) is 437, which number represents those whose injury was so slight or in such a locality that it was not necessary to grant release from work. It is worth noting that most of this group really desired to return to work and many cases to which the dispensary would have granted time actually insisted that they were able to return to work. These could be picked from among the good men and the new employees who had not been acquainted with the illegitimate possibilities of the liability law by immorally disposed associates. Of course, no case in which there would be the slightest danger from continuing work was allowed to do so. On the other hand, many men reported with trivial injury who refused to return to work—flagrant examples of a growing tendency among employees to exaggerate their conditions and take illegitimate advantage of a beneficent law and who unfortunately for the example and precedent thus established succeeded in their aim, despite all that was done or said to reassure them, to shame them, or to inspire a proper spirit and a loyalty to their work, their fellow employees, and the reputation of the navy yard in turning out jobs economically. The disposition exhibited in such behavior is pernicious and the 15-day provision of the law and the present system of determining disability favor it.

It is also interesting to note that of the total number of injuries reported at the dispensary, 302, or 42 per cent, were the result of carelessness on the part either of the individual, as in 229 cases, or of a fellow workman, as in 73 cases.

SANITARY CONDITIONS AND MEASURES IN GENERAL.

The activities of the Medical Department of the Navy during the past year have been unusually marked. Naval and military developments of this portentous epoch of military history are consequently being observed, and proper use made thereof in the plans and activities of our own service. Our medical officers detailed for observation purposes with the warring powers are possessing themselves of all facts available pertinent to the medico-military aspects of naval life. The bureau has been most fortunate in detailing for this duty officers most highly fitted for this important duty. The excellent report of Surg. Fauntleroy, elsewhere referred to, represents only a very small part of the valuable material which has reached the department.

The usual routine work of the Medical Department is constantly on the increase, added to which are extensive considerations of many practical problems in connection with questions pertaining to the health and welfare of the personnel, to organization, preparedness for war, aviation duty, submarine hygiene, preventive medicine, etc.

The work of the bureau has also been extending with many new responsibilities in connection with the thousands of workmen employed in our navy yards, the important work in connection with our forces in Haiti and Santo Domingo, and the efforts to improve the sanitary and living conditions in Haiti imposed upon us by our recent treaty with that nation, a work that will equal the sanitation of Panama.

HAITI AND SANTO DOMINGO.—Haitian affairs have resolved themselves into the formation of an orderly system of government, in which the United States is doing its utmost to lend assistance consonant with the preservation of a Haitian national integrity.

The treaty signed at Port au Prince on September 16, 1915, forecasted the formation of the Haitian gendarmerie, and the Congress of the United States provided by an act approved June 12, 1916, for a stable constabulary which is officered by members of the United States Marine Corps, and a sanitary supervision of the same by medical officers and hospital corpsmen of the United States Navy.

A careful preliminary sanitary survey of public health conditions was made in the early days of occupancy by Passed Asst. Surgs. H. A. May and P. E. Garrison, United States Navy, embracing observations on natural conditions, description of the existing sanitary and public health situation, discussion of Haitian public health laws, organization, and equipment, with specific recommendations. This has been a material aid in properly organizing new lines of endeavor and in proposing sanitary legislation.

A report upon the tropical diseases prevalent in Haiti has been prepared by Dr. Garrison. This report covers a period of practically one year of observation and laboratory study at the native hospitals. Annual curves show the relative prevalence of the more important diseases during the different seasons of the year. Malaria and the intestinal infections show very striking seasonal exacerbations. These studies establish the fact that Haiti, as a place of residence, presents no special dangers to foreigners from the viewpoint of health, with the single exception of malaria, against which it is possible to take effective precautions.

Our medical officers, acting in amicable unison with a commission of leading Haitian physicians, have gone over the existing laws relative to public health matters, and new laws have been drafted making necessary changes. Certain of the more important of these changes are now being put into execution under the present régime of military control until such time as the proposed alterations of the Haitian statutes can be secured.

Complete plans for the gradual rebuilding and equipment of the Haitian general hospital and medical school are ready to be put into execution as soon as the financial matters of the government are settled. It is estimated that this project can be completed in about five years at a total cost of approximately $100,000.

The proposed reorganization of Haitian public health service is based upon the organization which was found to work with such satisfactory results in the Philippines, certain consideration being given to the French ideas and the local customs. It provides for the employment by the Haitian Government of American specialists in the various branches of the medical sciences, and for the establishment of reciprocal relations between the Haitian Government and the Governments of the United States and the Latin-American Republics in public health and sanitary matters. This I believe to be of particular importance in breaking through the isolation from which Haiti has always suffered in matters medical as well as economic and political.

A gradual process has finally evolved a systematized gendarmerie, the greater part of the work of attending to medical and sanitary details having been ably handled by Passed Asst. Surg. F. X. Koltes, United States Navy. This officer has been appointed director in accordance with the provisions of the above act, and has as his assistants the following inspectors of the gendarmerie: Asst. Surgs. John T. Borden and J. B. Helm, United States Navy, and 3 hospital stewards, United States Navy, with rank of first lieutenants, and 6 hospital apprentices, first class, United States Navy, with rank of second lieutenants.

Santo Dominican revolutionary outbreaks necessitated the presence of an armed force of United States Marines in May of this year. A portion of the expedition in Haiti was detached for this purpose, together with forces from the various ships available, and these were reinforced by orders early in June to the fourth regiment, then stationed at San Diego, Cal.

Headquarters landed at Santo Domingo City at 7 a. m., May 22, and organized as the United States expeditionary force operating ashore in Santo Domingo, with Passed Asst. Surg. N. T. McLean as chief surgeon, and the following is quoted from the latter's report:

"Inspection of the camp sites, fort, palace of justice, and hospitals of the city was immediately made. Sanitary conditions of camp sites were generally good; of the fort, palace of justice, and the site on the east bank of the river, bad. Sanitary work was already under way at the fort and palace of justice. The various hospitals in the city were crowded with Dominican patients and offered no possibility of use by our troops without causing disorganization and hardships to the civil practitioners and their patients. Passed Asst. Surg. Allen had obtained permission from the sisterhood operating the Hospital Beneficencia to use for a few days a portion of one ward in the hospital and at the time of inspection had 10 patients therein. Acting under instructions from the commanding officer to establish at the earliest possible moment a field hospital capable of accommodating the estimated sick and injured from the troops already in Santo Domingo, en route, and anticipated, every offered site or building was inspected. On May 23 an almost completed suitable building was found. This building is constructed of reinforced concrete, has 30 rooms, 6 bathrooms, its own water supply (38,000 gallons potable), and lighting system (acetylene); has cot room for 130 patients, with ample room for the housing of 12 hospital corpsmen, the necessary storerooms, kitchen, dispensary, operating room, offices, etc. The building was rented on May 24, and 17 patients transferred to it on May 26. While considerable minor construction is still under way, the building at date of this report has already proved its suitability for our needs. The local sanitary condition of the city of Santo Domingo is good. Local authorities are at the present time vaccinating all the school children. They maintain a fairly rigid quarantine against Porto Rico, although our advices have not shown any new cases at Ponce or San Juan since June 1. Malaria is a menace, but not more marked than would be expected in any subtropical community. No quinin prophylaxis is being used. The water supply is very poor; lack of rain has depleted practically all cisterns of the one source of potable water. At present it is necessary to purchase distilled water from the ice plant for the use of the troops. A summary of the situation, in so far as the welfare of our troops in this Republic is concerned, does not suggest the likelihood of marked damage to their health. Santo Domingo City requires more care than either Puerto Plata or Monte Cristi, where the detachments are located in tents on well-drained land, with good water supply at both places. Mosquitoes and flies are a menace at both these places, but with completion of work already begun little trouble is anticipated."

Relief work.—In addition to the military activity ashore in Haiti and Santo Domingo the medical officers of the service have been of aid in various contingencies demanding humanitarian aid.

During the last five days of January, 1916, the continuous heavy rainfall in San Diego, Cal., and surrounding country caused an enormous rise of water in the Tia Juana River Valley; the river overflowed its banks and carried everything before it over a fertile and populous area comprising thousands of acres. The adjoining Otay Valley was likewise depopulated by the bursting of the lower Otay Dam, and homes, barns, railroads, orange and lemon ranches, and fertile soil were all swept out into San Diego Bay. Hundreds of people were left homeless and a few were drowned.

Medical attention was furnished to about 175 inhabitants by Asst. Surg. C. I. Wood, United States Navy, assisted by five hospital corpsmen. By February 15 the roads became passable to vehicles, and near-by physicians could be summoned; consequently naval relief was withdrawn.

During the recent uprising in China consequent upon the announcement by Yuan-shi-kai that a sovereignty existed with himself as emperor, considerable fighting took place in the Yangtze Valley. Asst. Surg. W. B. Hetfield, United States Navy, then at Chungking on duty on the U. S. S. *Monocacy*, laudably associated himself with the local Red Cross Society and extended material assistance in caring for the many wounded. A detailed report of this was presented in the October, 1916, number of the Naval Medical Bulletin.

Much assistance has been extended to American refugees in the coast towns of Mexico by medical officers of ships of the Navy which have received and transported these unfortunates. This has devolved an unusual line of cares upon the medical department, including the practice of obstetrics. Not only has the anomalous status of women and children on shipboard had to be handled, but constant guard has been necessary under the unusual conditions prevailing to prevent the access of epidemic diseases to the naval personnel under the medical officer's charge.

Recruiting.—The following table presents the statistics for the calendar year 1915 on the total number of applicants for enlistment in the Navy and Marine Corps, showing the number rejected for all causes and the causes for rejection:

Total number rejected for all causes	74,280
Total number of applicants	106,392
Causes of rejection:	
Deformities	4,292
Ear—	
Defective hearing	958
Other diseases of ear	391
Eye—	
Color blindness	2,361
Defective refraction	9,260
Other diseases of eye	753
Flat feet	8,188
Hemorrhoids	1,105
Heart affections	3,149
Hernia, or tendency to	1,647
Mental diseases	273
Nasal abnormalities	597
Skin diseases	1,196
Teeth, defective	7,751
Tuberculosis, or suspects	730
Varicocele and varicose veins	4,598
Venereal diseases	1,455
Other miscellaneous causes	25,621

The percentage of acceptances is 30.18. During the last four years, owing to a full or relatively full condition of the complement, the large number of applicants, and consequent ability to exert more selection, the percentage of acceptances has decreased from an average for the previous six years of 52.67 to the present 30.18. This speaks volumes for the improvement in the physique of our personnel. Of the various causes for rejection, eye conditions are mainly responsible, closely followed by flat feet, defective teeth, varicosities, deformities, and heart affections. The present rigidity of physical requirements not only insures a fine standard of men but helps to lighten the pension load of the Nation in future years. The urgent need of more men, as would happen in time of war, could be met by a decided lowering of the bars without entailing the acceptance of any markedly deficient types. The contending European nations are, from our standpoint, most lax in their physical standards, particularly so in eye requirements.

THE SALVAGE OF THE *F-4*.—Shortly after the preparation of my report of last year final observations were received in connection with the final steps of the salvage of the *F-4*, and were published in full in the Naval Medical Bulletin of January, 1916.

Passed Asst. Surg. G. R. W. French's most scientific and detailed accounts of the diving operations bringing about the final raising, and Surg. W. Seaman's account of the recovery, identification, and disposition of the remains, close this most unfortunate incident in our naval history. The resistance of teeth to ravages of decay gave valuable evidence in establishing identity by crowns, fillings, etc., and emphasizes the need of a careful entry of all such upon the health records. It was also noted that shoes survived most markedly and that "the feet covered by the shoes were in an almost perfect state of preservation; the nails were in all cases intact, hair still adherent, the skin intact and natural in color. * * * It has been suggested that metal tags, light in weight—aluminum, for instance—be attached to officers and men, especially those doing submarine work, and worn about the neck. Experience in this accident teaches that if worn about the neck they would have been useless, as all the skulls were separated from the bodies; but that if worn about the ankle they would have remained. It would be well to insist on a regulation requiring that the heels of all shoes be marked with the initials of the owner cut into the leather."

REPATRIATION OF REMAINS OF SPANISH PRISONERS OF WAR.—On April 12, 1916, with appropriate ceremonies, the remains of 31 Spanish seamen who died in 1898 while patients at the Naval Hospital, Portsmouth, N. H., were transferred to the naval transport *Almirante Lobo*.

By direction of the President of the United States the Secretary of State had arranged with the Spanish ambassador for the return of the bodies, and through the Secretary of the Navy gave directions that, as a special mark of respect to these brave men who gave their lives to their country and as a mark of esteem for the Spanish Government, the United States should undertake all of the work of disinterment, preparation, and removal of the remains and their delivery on board the transport.

This bureau had a representative in charge of the details of supervising proper disinterment, etc. As the official representative of the Government, Rear Admiral Austin M. Knight transferred custody of the bodies to Col. Don Nicolas Urculla y Cereyo, military attaché of the Spanish Embassy.

HOSPITAL CORPS TRAINING SCHOOLS.—The training schools for recruit hospital apprentices have continued to be unqualifiedly successful, and the results of this training, now becoming evident, more than justify the expenditure of the time and materials.

For the fiscal year ending June 30, 1916, the monthly average number of men under instruction at the school at Newport was 122.25, and at the school at San Francisco 61.9, or a total of 184.15 men. The courses have been improved, the subjects augmented in number, quality, and quantity, visits have been made to special laboratories, disinfection plants, etc., in the near vicinity, and laboratory and drug work of the stations has been taken over, particularly at San Francisco. Much practical instruction was thus afforded and more satisfactory and prompt examinations and reports obtained by the medical officers on stations concerned. To such men as show special aptitude, special courses in laboratory work and examinations are given. Special instruction upon the circumstances and conditions which may be encountered on duty with expeditionary forces has been given in connection with the drills and hygiene. Many men have become interested in the work and instruction obtained by hospital apprentices at these schools, and are showing an unusual interest in desiring to take up the rating. One thing only seems to influence them unfavorably, and that has been the lack of that opportunity of advancement afforded in other branches. It would appear that these two schools have each made a very favorable impression at the station concerned, not only by the presence of a better trained type of hospital apprentice but also by developing a new confidence in the endeavor of the medical department to more efficiently care for the sick.

The opportunity afforded for the elimination of those men who are found undesirable, inapt, or poorly adapted to the work of the Hospital Corps has enabled us to weed out a great proportion of those who formerly caused difficulties at other stations and on ships.

It is hoped that with these schools, the presence of a better quality of hospital apprentice and the additional intermediate ratings, that greater contentment and efficiency, and satisfactory advancement may be developed among the men of the corps.

The medical officers under whom the schools have had their development and guidance have devoted themselves most conscientiously and patiently to the work, and deserve great commendation for their untiring efforts.

The several hospital stewards who have been assigned as instructors at the two schools have performed their difficult tasks in a most creditable and satisfactory manner.

NAVAL MEDICAL CORRESPONDENCE COURSE.—Upon recommendation of the bureau the Navy Department on January 24, 1916, authorized the establishment of a correspondence course for medical officers of the Medical Reserve Corps. This course is also open to acting assistant surgeons of the Navy and to medical officers of the Naval Militia.

Acting assistant surgeons and officers of the Medical Reserve Corps on active duty are required to take the course, unless they have previously completed the regular course of instruction at the Naval Medical School.

The course is administered by the Naval Medical School. The object is to promote the efficiency of these officers by systematic instruction in naval forms, customs, regulations, and procedures.

The course will cover a total period of approximately one year and will be divided into two parts, the first part being devoted to instruction in the Navy Regulations and Naval Instructions as they pertain to shore duty. The second period will follow immediately after the first and will be devoted to the medical officer's duties afloat.

It is considered that the principal duties to which these officers would be ordered in case of emergency, where they would be the only medical officer attached, would be to recruiting duty on shore or as the medical officers of auxiliary ships. Therefore special efforts will be made to the end of preparing them for these duties, so that if called upon their services would be more valuable at once and they would be more confident and better satisfied with their work than would be the case were they without any preparation or knowledge of service conditions and procedures.

The subject matter furnished the student officers consists of:

(*a*) The Manual for the Medical Department of the U. S. Navy.

(*b*) Those portions of the Navy Regulations and Naval Instructions upon which medical officers of the Naval Militia are examined for qualification for mustering into the service of the United States, as provided by General Order 153, appendices A and B. Also all articles referred to in the Manual for the Medical Department, which are not included in General Order 153. All these extracts have been printed in book form, preserving the original article numbers and marginal notes.

(*c*) The circular relating to the physical examination of recruits.

(*d*) Bulletins which will be issued from time to time, dealing with such matters as uniform, receipt of orders and reporting for duty, honors, ceremonies, and salutes, the relations of officers to each other and to the enlisted personnel, duties with landing forces, naval hygiene, etc. The object of these bulletins is to give the officer some knowledge of the customs of the service and of his military position.

At intervals of about three weeks study matter will be assigned, question papers issued, and answers required, which last will be criticised and returned to participants.

The first session of the course opened early in October, 1916.

A description of the course and its purpose and an invitation to enroll was sent to all eligible officers of the Medical Reserve Corps and of the Naval Militia, and the responses received indicate a degree of interest that is very commendable, especially when it is considered that most of these officers are busy men, whose time is consumed by private practice, literary and research work, or teaching. On June 30, 98 officers had replied to the invitation, of which number 91 accepted and 7 declined.

PUBLICATIONS.—The issue of a quarterly professional publication commensurate with the dignity of the Medical Department continues to be the aim of the bureau in publishing the Naval Medical Bulletin. This has now finished its tenth year and has attained the excellent standing that it has in military and public health medicine because of the unremitting backing it has had from the necessarily very limited number of this corps from which it emanates. During the past twelve months 85 original contributions have been issued through its pages, embodying many lines of activity and thought, including not only strictly medical and surgical treatment, technic, etc., but also medico-military tactics, discussion of hospital ships, typographical data from the world over, studies on lighting, the mechanics and physics of diving, study of submarine ventilation, etc. The department of reviews has contained 190 abstracts of the progress in medical sciences, for which the bureau is indebted to the voluntary labors of 14 medical officers who devote a considerable amount of their time to this extra duty. Frequent reviews are also received from other officers throughout the service, indicating their own professional zeal, and stimulating that of others in the corps.

What I consider the ablest contribution on the medical side of the present war emanated from this bureau in December of last year, namely, the "Report on the Medico-Military Aspects of the European War" by Surg. A. M. Fauntleroy, United States Navy. Under orders from the Secretary of the Navy, Surg. Fauntleroy sailed from New York on April 24, 1915, and on arrival in France reported at Paris for duty as assistant to the naval attaché. His position as instructor in surgery at the Naval Medical School, Washington, D. C., had necessarily kept him in touch with all current advances in military surgery and aided him in the preparation of his most excellent report after his comparatively limited months of observation behind the allied armies on the western front.

The report is of 146 pages, with 218 halftones and line cuts, well selected and presented. Four thousand copies were printed for the Bureau of Medicine and Surgery by the Government Printing Office for distribution to the officers of the service and the profession throughout the country. The demand was naturally one to quickly wipe out this supply, and a resolution for a reprint as a congressional document was passed by the House of Representatives, but has unfortunately not met the approval of the Senate. Copies are for sale, however, by the Superintendent of Documents, Government Printing Office, from his supply, at 60 cents per copy.

Another valuable booklet issued by the bureau this year is the Medical Compend for Masters of the Naval Auxiliary Service, for use with the medicine box, United States Navy. The frequent occurrence of medical and surgical emergencies aboard auxiliaries where only the medicine box is available under the lay direction of the master, made it advisable that a practical compend be evolved explaining the uses and abuses of the supplies furnished by the bureau, as well as pointing out in a simple, easily comprehended way the principles of first-aid, diagnosis and treatment of the commoner diseases, the routine to follow in using hospital facilities, procedure in case of death on board, and a lucid chapter on the primal principles of quarantine and disinfection. This booklet was prepared by the officers of the bureau and the latter are to be commended for the way in which they carried out their task.

The Drill Book for the Hospital Corps was rewritten and issued in the fall of last year.

A circular entitled "The Navy as a Special Field for Medical Work," with numerous illustrations, has been issued as an exposition to the medical profession of the opportunities for work and advancement offered by a service life.

In connection with the correspondence course for the Medical Reserve Corps, mentioned on page 42, the bureau has issued two publications. The extracts from United States Navy Regulations and Naval Instructions includes all articles containing references to the duties of medical officers ashore and afloat. No index is supplied as this is intended as a quiz compend, and no alterations have been made from the strict reading of the navigational publication.

The second correspondence-course publication is a revision of the circular relating to the "Physical Examination of Recruits for Enlistment in the Navy and Marine Corps." Changes have been made in the former edition in the interests of clearness and progress. Particularly has the chapter on finger prints been revised and expanded, with addition of new plates. Three new chapters have been added, giving supplementary notes in recruiting, hints for the inexperienced in naval and marine recruiting, and the physical examination of the personnel of the Naval Militia prior to being mustered into the service of the United States.

The revision of the supply table, a large work, has been completed and issued to the service. In addition to the standard supply table two special supply tables were prepared—one, the dental supply table, and the other, the medical outfit and supply table for expeditionary service. The latter supplied a long felt want and reflects great credit on the several officers who assisted in its preparation.

At the present time the Handy Book for the Hospital Corps is undergoing a complete revision. This book has been a most valuable aid in the instruction of members of the Hospital Corps afloat and ashore, and must be considered a large factor of efficiency for that corps.

ESTIMATES AND APPROPRIATIONS.—The naval act for the fiscal year 1917 makes marked increase in all general appropriations over the appropriations for like purposes during the fiscal year ended June 30, 1916.

The total of all naval appropriations, exclusive of deficiencies, for 1916, was $149,661,864.18; that for 1917 is $315,000,000.

The appropriations placed directly under the cognizance of the Bureau of Medicine and Surgery are as follows: Medical Department, 1917, $921,740; contingent, medicine and surgery, 1917, $241,080; bringing home remains, 1917–18, $24,908.

The increase made in the appropriation Medical Department is in part for the accumulation of a very necessary reserve supply of medical stores for emergency purposes, also to meet the expenses incident to the medical care of the largely increased naval and Marine Corps personnel provided for in this same act.

The appropriation contingent provides for a special expenditure for the establishment at the Naval Hospital, Las Animas, Colo., of a dairy herd, and for the purchase of pasturage land and the erection of buildings.

The appropriation "bringing home remains" abolishes the deductions heretofore made from the gratuity pay for funeral and other expenses, in the sum of $75 and $35 in the case of officers and enlisted men, respectively, and makes the gratuity pay a really beneficent appropriation.

The other appropriations directly applying to the bureau are for public works and as such will be administered by the Bureau of Yards and Docks, as follows: Naval hospital, Chelsea (sea wall), $14,700; naval hospital, Newport (three contagious units), $18,000; naval hospital, New York (repairs house No. 4), $10,000; naval hospital, Port Royal (new building and changes), $15,000; naval hospital, Mare Island (mess hall), $15,000; naval hospital, Canacao (six contagious units), $3,600.

The six public-works appropriations, though aggregating but $76,300, are each and severally of value, and will provide in each instance for the most pressing need of the particular hospital concerned.

The Mare Island hospital, two years ago, by appropriation secured five contagious units buildings, thereby greatly increasing the bed capacity of the hospital at all times, and reserving the general wards for cases other than those of contagious diseases, but the general mess hall was so inadequate that it constituted the weakest link in the hospital chain, and in so far weakened the economical efficiency of the entire hospital. The appropriation made this year will double the messing capacity.

Further, the hospital at Newport, which cares for the apprentices of the training station, was in danger, at each outbreak of contagion on the station, of having so many wards occupied by contagious diseases that medical and surgical cases from naval vessels might be excluded. The appropriation made by this act gives this hospital an additional 60 beds, and keeps clear the general wards for the ordinary and usual cases.

PERSONNEL.

Medical Corps.—Under the provisions of the act of August 29, the Medical Corps will, with the present strength of the personnel, consist of a corps of over 600 medical officers, there being 6.5 medical officers allowed for each 1,000 officers and enlisted men of the Navy and Marine Corps. For some time past the shortage of medical officers has been seriously felt, ships, stations, and hospitals being run on reduced complements, and the increase provided represents the most urgent need of this corps. These officers will be distributed one-half of 1 per cent in the grade of medical director with the rank of rear admiral; 4 per cent in the grade of medical director with the rank of captain; 8 per cent in the grade of medical inspector with the rank of commander; the remaining 87½ per cent being distributed in the lower grades. In the lower grades medical officers will be promoted with officers of the line with whom and next after whom they take precedence. The act provides for the first time medical officers with the rank of rear admiral, in addition to the Surgeon General.

During the year ended June 30, 1916, 11 medical officers were admitted to the corps. The loss by retirement, resignation, or dismissal was 6, leaving the total strength of the corps on the above date 332. In making up the last class for the Naval Medical School 57 permits were issued. Of this number 17 successfully passed the preliminary physical and professional examinations; one of the candidates after successfully passing refused to accept his commission. Of those who failed 15 failed physically, 15 professionally, and 1 withdrew; 15 candidates failed to appear. At the final examination held after the course at the Naval Medical School, 11 successfully passed the examination and were commissioned assistant surgeons in the Medical Corps.

The activities of the Medical Corps during the past year have increased to a considerable extent. Every effort has been made and is being made to obtain properly qualified men for the Medical Corps, and plans have been developed to be put in force during the ensuing year which it is believed will decrease somewhat our deficiencies. The bureau realizes that for several years to come there will be a large demand for qualified medical officers in the Government services, and the problem of getting additional medical officers will not be an easy one.

Medical Reserve Corps.—During the year, owing to the shortage of medical officers, it has been necessary to continue the services of a number of officers of the Medical Reserve Corps and to place additional officers of this corps on a duty status. The total number of officers in this corps, not candidates for the regular corps, is at present 109, 20 of whom are at present employed on active duty. During the year the bureau has developed a system of keeping track of these officers and of their fitness for duty in event of emergency, receiving a report from them each six months and otherwise keeping in touch with them. Valuable assistance in certain specialties has been rendered by members of this corps at the Naval Medical School and at some of our naval hospitals, and they have manifested a desire to maintain a friendly and a cooperative professional relationship with the regular officers on active service, and to improve their knowledge of naval conditions to the end that their services may be of greater value should they be called into active service.

DENTAL CORPS.—During the year the small Dental Corps has rendered a considerable amount of dental service to the Navy and Marine Corps, as may be seen from the statistical record incorporated in this report. About one-third of the dental officers are at present serving on a sea-duty status, but the larger amount and also the most active dental work must be accomplished at the training stations, marine rendezvous, and larger navy yards and stations. Congress has now provided a more liberal allowance of these officers, and it is hoped that additional officers will soon make the services of a dentist available to a greater number of the officers and men of the Navy than heretofore. The Dental Corps has been completely reorganized and placed as near as practicable on the same basis as that of the Army. The act provides for one dentist for each 1,000 of the enlisted men of the Navy and Marine Corps. The new reorganization provides that these officers will hold the ranks of lieutenant (junior grade), lieutenant, and lieutenant commander, promotion to the rank of lieutenant being made after five years' service, and to lieutenant commander after 20 years' service. Previous legislation was incomplete, and did not provide for dental officers above the grade of assistant dental surgeon. The act also provides for the reorganization of the Dental Reserve Corps, granting certain recognition to the services of these officers if employed on active duty, as well as to officers of the Medical Corps under the same circumstances. The Dental Corps is a new experiment in the Navy and its usefulness will be better demonstrated as time goes on and its influence upon the personnel of the Navy has had time to accumulate.

HOSPITAL CORPS.—Following the recommendations repeatedly made during my present incumbency with a view to developing a more effective Hospital Corps and offering through opportunity for promotion suitable inducements for men to reenlist, there have been included as a part of the naval appropriation act passed by Congress this year provisions reorganizing and increasing the efficiency of this corps. These provide, among other things, for the appointment of as many pharmacists and chief pharmacists as appears necessary from time to time to adequately perform the duties demanded by the growing naval service. Lack of such provision has long embarrassed the medical department, and it is sincerely hoped that additional men in this grade may become available without undue delay, as their services are urgently needed at once throughout the service.

The act provides further for the much needed ratings of petty officer, first class; petty officer, second class; and seaman, first class, interposed between those now existing (chief petty officer, petty officer, third class, and seaman, second class). By means of these ratings a complete and satisfactory reorganization, classification, and development of the corps is made possible, establishing it upon the same plane as the seaman and special branches.

It is believed that the flow of promotion thus afforded will lead to contentment of the men, a willingness to enter the corps in place of the former hesitancy, more competent and desirable applicants, and greatest of all encouragement to those already trained and experienced in the Navy work to reenlist repeatedly and remain in the corps, thus conserving effort and inviting initiative on the part of medical officers to train and educate men of the lower ratings. These ratings also afford opportunity for a better classification and amalgamation into the corps of men from civil life in the event of war.

The act also provides that the number of men of the Hospital Corps shall be 3½ per cent of the total enlisted strength of the Navy and Marine Corps. Should it be possible to enlist this number immediately it is believed that the corps will be sufficiently numerous to fill all complements and lend to an elasticity in assignments to such a degree as to bring satisfaction to all concerned in place of our present embarrassment. It will also entail a saving in money for transportation from place to place of available men, as it is expected that there will always be men on the ground awaiting general detail.

The advantages of this act appear as follows:

It provides a sufficient number of men to make the corps flexible, details easier, and to maintain full complements at all times, at all stations, and on all ships.

It provides intermediate ratings, better opportunity for promotion, and should stimulate enlistments in the corps not only in greater numbers but of more intelligent men.

Men who have ability for a certain amount of advancement may attain their ultimate standing rather than remain in an inferior rating because of a lack of opportunity.

It encourages competent men trained at Government expense to reenlist and remain in the service rather than seek a more promising field where this knowledge is an asset.

It eliminates discontent now existing in the Hospital Corps because men are denied that promotion provided for men in other branches of the service.

It provides for members of the Hospital Corps in keeping with ratings of other branches of the service.

It gives the commissioned warrant and warrant officers of the Hospital Corps the same status as is now or may hereafter be held by other commissioned warrant and warrant officers of the Navy.

It makes possible the utilization of pharmacists and chief pharmacists in places now occupied by junior medical officers, whose rates of pay are considerably higher, thus increasing the number of available medical officers and conducting the affairs of the Government at a less expense.

The efficiency of the Hospital Corps should be greatly increased.

The field of employment of the hospital corpsmen continues to grow extensively, the demand being now far beyond the supply of men. The present number of men has for some time been becoming more and more inadequate to meet the service necessary in supplying medical attention.

There has been no increase in the number of hospital corpsmen during the past year. On June 30, 1916, there were 1,585 (as against 1,584 on June 30, 1915), divided as follows: Hospital stewards, 365; hospital apprentices, first class, 740; and hospital apprentices, 480. This number is entirely inadequate properly to man all ships and stations and provide for special details and expeditionary forces.

There are about 75 men of the Hospital Corps now on duty with the marine expeditionary forces in Haiti and Santo Domingo.

It has been carefully computed that at least 2,255 men are required to make up the complements of stations and ships now in actual service or about to be commissioned. This number, however, does not provide for the emergencies always arising.

NURSE CORPS.—During the year 38 nurses have been appointed to and 41 have left the corps. Of this number 14 were given honorable discharge, having completed the term of service for which they were appointed. The majority of these nurses are reserve nurses and are available for duty should their services be required in any emergency.

Four names have been added to the list of seven who are eligible for promotion to the grade of chief nurse, but the number of stations to which nurses are detailed is so small that there is little opportunity for the promotions indicated by these recommendations.

The peculiar work at Guam has materially increased and additional nurses have been detailed to that station. Efforts have been made to place the instruction to the native nurses more nearly on the plane of training-school methods. Regular uniforms and caps have been authorized, and these changes have stimulated pupils and instructors to greater interest and consequent efficiency.

The first class of Samoan nurses was graduated this spring, and the exercises were made as interesting and attractive as was possible. The nurses were given diplomas signed by the commandant and governor of Samoa, and they were also given gold pins of appropriate design on which were engraved the names of the nurses and the date of their graduation. These nurses are now detailed to visiting nursing work in the various outlying districts. At stated intervals they return to the native hospital for review and further instruction. The success of this work in Samoa is demonstrated by the increase in the present class and the number who are now applying for admission in the class of 1918.

The civilian positions which require the services of trained nurses increase each year, and the pay and privileges offered usually exceed those allowed to members of the Nurse Corps; therefore this service appeals less favorably to the large number who prefer institutional work to private nursing. It is desirable to retain nurses who by length of service have become familiar with military environment, and it is also desirable to offer inducements to secure nurses who have established records for efficiency.

W. C. BRAISTED.

STATISTICS.

PREFACE.

TABLE 1.—Detailed statement of disease and injury.

(*a*) This table gives an alphabetical list of diseases and injuries showing the method of admitting and disposing of all cases of the force afloat (FA), at stations and yards (SY), at United States naval hospitals (H), and a summary with comparative data for 10 previous years.

(*b*) The class number (Roman numerals) refers to the classification of the Navy nomenclature as follows:

I. Diseases of blood.
II. Diseases of circulatory system.
III. Diseases of digestive system.
IV. Diseases of ductless glands and spleen.
V. Diseases of ear.
VI. Diseases of eye and adnexa.
VII. Diseases of genito-urinary system (nonvenereal).
VIII. Diseases of infective type (nonvenereal).
IX. Diseases of infective type (venereal).
X. Diseases of lymphatic system.
XI. Diseases of mind.
XII. Diseases of motor system.
XIII. Diseases of nervous system.
XIV. Diseases of respiratory system.
XV. Diseases of skin, hair, and nails.
XVI. Hernias.
XVII. Miscellaneous diseases and conditions.
XVIII. Parasites (fungi and certain animal parasites).
XIX. Tumors.
XX. Injuries (wounds, etc.).
XXI. Poisons.

(*c*) The international number refers to the classification of diseases and injuries prepared by the International Commission (Paris, July 1 to 3, 1909).

(*d*) In the case of wounds, etc., and poisons, key letters immediately following the title (e. g., Abrasion, unqualified "G") are given for classification of the cause of such injury, and are interpreted as follows:

A. Suicidal.
B. Homicidal.
C. Conflagration. Includes all injuries incident to general conflagration. Burns otherwise received are not classed hereunder.
D. Accidental drowning or submersion.
E. Traumatism by firearms, accidental. To include all injuries caused by the projectile, the blast from great guns, or from the piece when fired.
F. Traumatism by explosion. To include powder, gas, compressed air, or steam explosions; also the explosion of a gun.
G. Traumatism by fall.
H. Traumatism by machines.
I. Traumatism by other crushing.
J. Traumatism due to athletic sports.
K. Casualty in action.
L. Traumatism due to other external violence not classified above.

TABLE 2.—Table of diseases and injuries among occupational groups. This table shows the average complement in each group according to occupation, the number of admissions, deaths, invalided from service, sick days, and damage for each class of disability, together with a total of admissions, deaths, suicides, invalided from service, sick days, damage, and the rates per 1,000 for each occupational group.

TABLE 3.—Casualties in the Navy and Marine Corps. This table is a summary of deaths, showing the cause, number, and the distribution among the officers and men.

TABLE 4.—Discharges from the Navy and Marine Corps by reason of physical disability. This table is a summary of those invalided from the service or retired on account of physical disability, showing the disability, number, and the distribution among the officers and men.

NOTE.—The preceding four tables comprise the active service regardless of place or character of disability.

TABLE 5.—Summary of dental work performed.

TABLE 6.—Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1916.

TABLE 7.—Statement of the activities of naval medical supply depots.

TABLE 8.—Statement of the naval hospital fund.

TABLE N . 1.—DETAILED STATEMENT OF DISEASES AND INJURIES FOR THE CALENDAR YEAR 1915.

NOTE.—To find the total for any one diagnosis, add together FA (force afloat), SY (stations and yards), and H (hospitals).

Diagnosis.	Place.	Taken up as—			Disposition.							Number of sick days this year.
		Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Died.	Invalided from service.	Ran.	Transferred.	Continued to next year.	
DISEASES.												
Abscess about rectum (Class III, Inter. 110B).	FA		67	5	56	2				13	1	[illegible]
	SY		12	2	4	1				9		[illegible]
	H	7	2	23	27	2				1	2	[illegible]
Abscess about urethra (Class VII, Inter. 125).	FA	1	6	1	5					3		50
	SY		3							3		13
	H			6	5	1						183
Abscess, endamebic, liver (Class XVIII, Inter. 115).	FA		1							1		4
	SY		1							1		2
	H		1	1	2							35
Abscess of axilla (Class X, Inter. 84).	FA		22	4	24					1	1	90
	SY		13		10					3		105
	H	2		4	4	1					1	277
Abscess of brain (Class XIII, Inter. 60).	FA		1				1					0
	H		2				2					1
Abscess of eye and adnexa (Class VI, Inter. 75C).	FA		7		7							13
	SY		2		1					1		7
	H			1	1							11
Abscess of kidney (Class VII, Inter. 122).	H	1			1							29
Abscess of kidney, perinephritic (Class VII, Inter. 122).	FA		1							1		5
	H		2	4	1	1				2	2	309
Abscess of liver (Class III, Inter. 115).	FA		7	3	2	2				6		202
	SY		2		1					1		22
	H		4	9	4	4	2			2	1	372
Abscess of lung (Class XIV, Inter. 98).	H		1								1	170
Abscess of lymph node (Class X, Inter. 84).	FA	1	18	3	15					6		257
	SY		8	2	7					3		158
	H	2		8	7	2					1	294
Abscess of pharynx (Class III, Inter. 100).	FA		4		1					2	1	9
	SY		2		2							4
	H		2	2	3	1						45
Abscess of prostate gland (Class VII, Inter. 126).	H	2			2							124
Abscess of scrotum (Class VII, Inter. 127).	FA		9		8					1		42
	H			1	1							15

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Abscess, unqualified (Class VIII, Inter. 144).	FA	9	966	36	916	5			1	77	12	5,928
	SY	4	266	21	207	1		2		77	4	1,610
	H	12	34	163	166	17	1			6	19	5,966
Achylia gastrica (Class III, Inter. 103).	H	1	1		1						1	81
Acidosis, nondiabetic (Class XVII, Inter. 55).	H		1				1					0
Acne (Class XV, Inter. 145C).	FA		5	1	2					4		19
	SY		2		1					1		2
	H	2	3	5	7	1					2	792
Adenoids (Class XIV, Inter. 86).	FA		9		2					7		9
	SY		6							6		4
	H		1	13	10	3					1	395
Adenoma (Class XIX, Inter. 46).	FA		1							1		0
	H	1	1	1	2	1						200
Adhesions about stomach (Class III, Inter. 117).	SY		1							1		0
	H			2		1		1				18
Adhesions of peritoneum (Class III, Inter. 117).	FA		24	5	10			1		17	1	107
	SY		12	1	6			3		4		66
	H	3	7	27	18	8		5	1	1	4	1,667
Albuminuria (Class VII, Inter. 120).	FA		8	4	6					6		42
	SY		3	1		1				3		45
	H	1	2	9	6	6						286
Alopecia areata (Class XV, Inter. 145C).	FA		1							1		0
	H			1							1	8
Amaurosis (Class VI, Inter. 75C).	H	1			1							11
Amblyopia (Class VI, Inter. 75C).	FA		5	1	2					4		37
	SY		4	2	2			2		2		28
	H			6	1	2		3				282
Amputation stump (Class XVII, Inter. 149).	FA		7	1				1		7		66
	SY		3	10	12					1		84
	H	4	5	9	6	2		9			1	1,318
Amyotonia congenita (Class XII, Inter. 149).	SY		1		1							0
Anemia of brain (Class XIII, Inter. 74).	FA		2	1	3							5
	SY			1				1				0
	H		1							1		26
Anemia, simple (Class I, Inter. 54).	FA		6	2	2					6		48
	SY		1							1		0
	H	1	3	12	7	5			1	2	1	323
Anemia, splenic (Class I, Inter. 54).	H	1			1							32
Aneurysm (Class II, Inter. 81).	FA		1							1		4
	SY		1	1						2		0
	H	2	4	6	1	2	3	3		2	1	931
Angina pectoris (Class II, Inter. 80).	FA		1		1							3
	SY		2	1						3		181
	H		1	2		2				1		23
Angioma (Class XIX, Inter. 46).	H		1		1							4
Angiospastic edema (Class XIII, Inter. 74).	FA		2		2							7
Ankylosis of joint (Class XII, Inter. 147).	FA		7					1		6		9
	SY		8		4			2		2		87
	H	1	3	9	9	1		1			2	589
Anti-inoculation, unqualified (Class XVII, Inter. 189A).	FA		105		101	3				1		277
	SY		10		10							14
	H	1		2	2	1						29

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Aphasia (Class XIII, Inter. 74).	H	1	1		1			1				44
Apoplexy (Class XIII, Inter. 64).	SY		3				2			1		0
	H			1			1					0
Appendicitis, acute (Class III, Inter. 108).	FA		298	28	108	3				213	2	1,805
	SY	5	138	27	53	6				107	4	1,384
	H	36	35	328	304	56	6		3	12	19	12,348
Appendicitis, chronic (Class III, Inter. 108).	FA	1	88	16	29	1				74	1	678
	SY	1	31	11	12	2				28	1	247
	H	7	33	115	118	16	1			4	16	4,616
Arterial sclerosis, cerebral (Class XIII, Inter. 81).	SY			1							1	27
	H		1							1		15
Arterial sclerosis, general (Class II, Inter. 81).	FA		2							2		3
	SY	2	3	7	3			1		7	1	596
	H		1	7	3		1	1		2	1	245
Arthritis, acute (Class XII, Inter. 147).	FA	3	62	10	52	2				21		732
	SY		9	1	7					3		44
	H	4	6	23	21	7				1	4	1,360
Arthritis, chronic (Class XII, Inter. 147).	FA		22	7	16					13		383
	SY	1	1	2	2			2				181
	H	10	9	18	9	7		4		8	9	2,888
Arthritis, deformans (Class XII, Inter. 48A).	H		1					1				12
Ascariasis (Class XVIII, Inter. 107).	FA		7		7							11
	SY		6		4					2		28
	H		33	4	36						1	242
Asthma (Class XIV, Inter. 96).	FA		19	15	15					19		280
	SY		11	10	8	1		3		9		202
	H		4	30	14	3		3		10	4	1,623
Astigmatism (Class VI, Inter. 75C).	FA		19	3	6					16		37
	SY	3	16	2	8	2		8		3		126
	H		8	28	20	9		2		4	1	764
Atrophy of muscle (Class XII, Inter. 149).	FA		2		1			1				19
	H	2			1			1				28
Atrophy of optic nerve (Class VI, Inter. 75C).	FA		1							1		6
	H	1	1	1	1			1			1	115
Atrophy of testicle (Class VII, Inter. 127).	FA		4		1					3		6
	SY		2	1				2		1		27
	H			4	4							52
Autointoxication, intestinal (Class III, Inter. 110B).	FA		37	3	34					6		216
	SY	2	9	3	9					4	1	323
	H		11	18	16	9				3	1	215
Balanoposthitis (Class VII, Inter. 127).	FA		7		5	1				1		13
	SY		5		3					2		29
	H		1	3	2	1		1				53
Blepharitis (Class VI, Inter. 75C).	FA		3	2	4			1				31
	SY		2		1			1				3
Bromidrosis (Class XV, Inter. 145C).	FA		2		2							16
Bronchiectasis (Class XIV, Inter. 90).	SY		1							1		0
	H		1	1		1		1				65
Bronchitis, acute (Class XIV, Inter. 89).	FA	4	573	13	517	13				54	6	2,831
	SY	3	725	43	385	11				371	4	2,705
	H	20	37	450	407	84				2	14	7,953
Bronchitis, chronic (Class XIV, Inter. 90).	FA		90	22	25	2				84	1	812
	SY		42	6	21	2		9		15	1	591
	H	14	20	112	65	47		13	1	8	12	4,926
Bronchitis, fibrinous (Class XIV, Inter. 90).	FA		1		1							27

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Bursitis, acute (Class XII, Inter. 149).	FA	1	30	2	26	1				6		245
	SY		10		6					3	1	46
	H			7	6	1						136
Bursitis, chronic (Class XII, Inter. 149).	FA		6	2	3					5		33
	SY		1							1		9
	H	1	2	9	7	3		1			1	417
Caisson disease (Class XIII, Inter. 74).	FA		2	1	1					2		30
	H			2	1					1		107
Calcification of cartilage (Class XII, Inter. 149).	SY		1		1							5
Calculus in bladder (Class VII, Inter. 123).	FA		2							1	1	18
	SY		2		1					1		0
	H			2	1	1						55
Calculus in ureter, impacted (Class VII, Inter. 123).	SY		1							1		0
	H			1	1							8
Callositas (Class XV, Inter. 145C).	FA		5		3					2		17
	SY		1		1							3
	H	1	1	2	4							73
Carbuncle (Class VIII, Inter. 143).	FA	1	38	1	33					7		259
	SY		12	1	10					3		96
	H	1	3	9	10	1	1				1	187
Carcinoma (Class XIX, Inter. 39-45).	FA		4							4		6
	H		4	6	1	3	2	1			3	654
Cardiospasm (Class III, Inter. 103).	FA		1		1							0
Caries of tooth (Class III, Inter. 99A).	FA		30	2	17			4		11		65
	SY		5	1	4			1		1		8
	H	1	3	11	12	1		1		1		282
Carrier, diphtheria bacillus (Class VIII, Inter. 9b).	FA		26		1					25		9
	SY		15							15		0
	H	1	3	43	40	1				2	4	1,583
Cataract (Class VI, Inter. 75C).	FA		3	1						4		0
	SY		1	1	1			1				0
	H		2	6	2					3	3	554
Cellulitis (Class VIII, Inter. 144).	FA	3	297	18	289	2				24	3	2,261
	SY	1	37	1	23					16		252
	H	5	19	42	57	5				2	2	1,925
Cerebrospinal fever (Class VIII, Inter. 61a).	FA		5				2			2	1	13
	SY		12				1			11		6
	H	4	2	23	16	12	1					804
Cerumen, accumulation of (Class V, Inter. 76).	FA		2		2							4
	SY		1		1							0
Chalazion (Class VI, Inter. 75C).	FA		4		4							2
	SY		3		2					1		2
	H			1	1							7
Chancroid (Class IX, Inter. 38A).	FA	13	1,777	166	1,803	20				131	2	3,123
	SY	2	411	44	389	10				50	8	1,074
	H	28	12	175	107	83			2	6	17	6,324
Chancroid of lymph node (Class IX, Inter. 38A).	FA	13	176	183	267	3				91	11	4,221
	SY	2	37	90	76	8				36	9	2,028
	H	25	6	90	68	33				5	15	5,194
Chickenpox (Class VIII, Inter. 19).	FA		34		13					21		195
	SY	2	4		4					2		56
	H	2	4	28	18	8			1		7	461
Cholangitis, acute (Class III, Inter. 115).	FA	1	125	3	92				1	36		1,127
	SY		24	8	20	2				10		342
	H	3	5	44	38	6				2	6	1,497
Cholangitis, chronic (Class III, Inter. 115).	FA		3	1	1					3		47
	H			5	3	1					1	227

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Cholecystitis, acute (Class III, Inter. 115).	FA		20	2	13	1				8		142
	SY		7	1	2					6		59
	H		4	14	11	5					2	508
Cholecystitis, chronic (Class III, Inter. 115).	FA		7		1					6		11
	SY		5	4	1			1		6	1	156
	H	2	8	16	14	6		1		5		904
Cholelithiasis (Class III, Inter. 114).	FA		9	2	3					6	2	111
	SY	1	10	4	6					9		183
	H	2	4	21	15	8				3	1	1,183
Chondroma (Class XIX, Inter. 46).	FA		2		1					1		29
	SY		1		1							20
	H			2	1	1						21
Chorea (Class XIII, Inter. 72).	FA		2		1					1		3
	SY			1				1				0
	H		2	1				2		1		109
Choroiditis (Class VI, Inter. 75C).	FA		8		1					2		1
	SY		2	2				2		2		16
	H	1	1	5		2				2	2	227
Cicatrical contraction (Class XVII, Inter. 145C).	FA		2							2		0
	H			3	2			1				56
Cicatrix of skin (Class XV, Inter. 145C).	FA		3		1			1		1		61
	SY		3		1					2		4
	H			4	3	1						79
Cirrhosis of liver, atrophic (Class III, Inter. 113).	FA		1	1						2		125
	H		1	1		1	1					72
Cirrhosis of liver, hypertrophic (Class III, Inter. 113).	FA		1	1	1					1		9
	H		1	1		1					1	52
Clavus (Class XV, Inter. 145C).	FA	1	14		10					5		48
	SY		19	2	18			2		1		77
	H	1		6	4						2	159
Colitis, acute (Class III, Inter. 105B).	FA		21	2	20	1				2		117
	SY		4		2					2		7
	H	1	1	5	4	2					1	144
Colitis, chronic (Class III, Inter. 105B).	FA		7		5					2		102
	SY		1	1	1					1		4
	H	1		6	4	3						153
Color blindness (Class VI, Inter. 75C).	FA		2		1			1				29
	SY		5					5				24
Congestion of kidney (Class VII, Inter. 122).	FA		2	1	2	1						9
	SY		1		1							8
	H		1		1							18
Conjunctivitis, acute (Class VI, Inter. 75A).	FA	2	140	4	127	3				15	1	713
	SY		50	1	42	1				8		271
	H	5	7	22	24	6					4	656
Conjunctivitis, chronic (Class VI, Inter. 75A).	FA		11	2	7					6		37
	SY		3	1	1					3		17
	H			11	6	3					2	353
Conjunctivitis, phlyctenular (Class VI, Inter. 75A).	FA		1							1		11
	SY		2	2	3					1		17
	H	1		2	3							112
Constipation (Class III, Inter. 110B).	FA		195	7	176					26		673
	SY		43	6	38	1				9	1	204
	H	2	10	41	29	18		1		2	3	853
Constitutional inferiority (Class XI, Inter. 68).	FA		11	2	3			2		8		55
	SY		12	5				14		2	1	170
	H	1	21	21	3	10		20		9	1	979
Constitutional psychopathic state (Class XI, Inter. 68).	FA		6					1		5		20
	SY		5	1	1	1		2		2		25
	H	2	2	15		7		8		3	1	520

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days
DISEASES—Continued.												
Contracture of muscle, fascia, tendon, or sheath (Class XII, Inter. 149).	FA		6	1	1			1		5		23
	SY		9	1	4			1		5		71
	H		1	11	6	1		3		1	1	458
Cornu (Class XV, Inter. 145C).	FA		1		1							6
	SY		1		1							0
Cramp of ciliary muscle (Class VI, Inter. 75C).	FA		1							1		0
	H			1		1						14
Cramp of muscle (Class XII, Inter. 149).	FA		9	1	10							24
	SY		2		2							9
	H			1	1							10
Curvature of spine (Class XII, Inter. 36C).	FA		4		1			2		1		16
	SY		1					1				6
	H			1	1							34
Cyclitis (Class VI, Inter. 75C).	FA		2	1	3							27
	H	1			1							50
Cystitis, acute (nonven.) (Class VII, Inter. 124).	FA		28	1	20					9		208
	SY		12	1	4					9		55
	H		1	18	12	7						523
Cystitis, chronic (nonven.) (Class VII, Inter. 124).	FA		5	2	1					6		20
	SY		3	1		1				3		3
	H	1	1	10	6	4					2	400
Cystoma (Class XIX, Inter. 46).	FA		20	1	12					9		31
	SY		9	3	6					6		25
	H	1	4	18	14	5				3	1	609
Dacryocystitis (Class VI, Inter. 75C).	FA		4		3					1		7
	SY		1	1				1		1		22
	H			2	2							55
Deafness (Class V, Inter. 76).	FA		11	4	3			2		10		101
	SY	1	7	1	1			5		3		35
	H	6	9	14	10	3		9		6	1	1,339
Deformity of nose, acquired (Class XIV, Inter. 86).	FA		14	2						16		3
	SY		4							4		0
	H	4	5	20	20	4		1	1	1	2	798
Deformity of penis, acquired (Class VII, Inter. 127).	FA		2							2		0
	H			2	2							48
Dementia, cause unknown (Class XI, Inter. 68).	FA		2							2		2
	SY		1							1		0
	H	3	3	13	1	9			1	6	2	704
Dementia paralytica (Class XI, Inter. 67).	FA		6							6		4
	SY	1	1	1		1				1	1	388
	H	8	10	21		6	5	5		13	10	3,155
Dementia precox (Class XI, Inter. 68).	FA		17	3	1	1				18		76
	SY		12	7				7		12		76
	H	20	21	101	2	19		39		67	15	5,717
Dengue (Class VIII, Inter. 19).	FA	1	100	1	89					13		475
	SY		85	2	70					15	2	323
	H	1	16	34	43	8						450
Dentition (Class XVII, Inter. 189A).	FA		7	2	5					4		14
	H		2	4	5						1	79
Dermatitis, unqualified (Class XV, Inter. 145C).	FA	1	39	4	36					8		276
	SY	1	12	1	10			1		3		343
	H		9	12	17	3					1	543
Dermatitis venenata (Class XV, Inter. 145C).	FA		16	1	14					3		83
	SY		18		17					1		66
	H		1	4	5							54
Detachment of retina (Class VI, Inter. 75C).	FA		1							1		0
	H			1							1	153

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Deviation of nasal septum (Class XIV, Inter. 88).	FA	......	67	4	2	......	......	1	....	68	......	25
	SY	......	67	2	4	......	......	......	....	64	1	38
	H	22	24	133	151	10	......	8	1	1	8	5,2[illegible]
Diabetes insipidus (Class XVII, Inter. 55).	FA	......	2	1	......	......	......	......	....	3	......	28
	SY	......	1	1	1	......	......	1	....	......	......	0
	H	1	......	2	......	......	......	2	....	1	......	133
Diabetes mellitus (Class XVII, Inter. 50).	FA	......	8	1	......	......	......	......	....	9	......	22
	SY	......	4	5	3	......	......	1	....	5	......	138
	H	2	7	20	11	6	......	7	....	5	......	1,397
Dilatation, acute cardiac (Class II, Inter. 79C).	FA	......	4	......	1	......	3	......	....	......	......	4
	SY	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	1	......	......	......	....	......	......	1
Dilatation, chronic cardiac (Class II, Inter. 79C).	FA	......	3	3	1	......	......	......	....	5	......	81
	SY	......	......	1	......	......	......	......	....	1	......	90
	H	......	......	5	......	2	......	......	....	2	1	40
Diphtheria (Class VIII, Inter. 9).	FA	......	21	......	6	......	1	......	....	14	......	141
	SY	......	7	1	2	1	......	......	....	5	......	119
	H	3	10	29	27	9	......	1	....	......	5	1,150
Duodenitis (Class III, Inter. 105B).	FA	......	5	......	4	......	......	......	....	1	......	22
	SY	......	4	......	4	......	......	......	....	......	......	51
	H	......	5	2	5	1	......	......	....	......	1	146
Dysentery, bacillary (Class VIII, Inter. 14A).	FA	......	2	1	1	......	1	......	....	1	......	14
	SY	......	2	......	1	......	......	......	....	1	......	8
	H	......	......	1	1	......	......	......	....	......	......	25
Dysentery, balantidic (Class XVIII, Inter. 14B).	SY	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	1	......	......	......	....	......	......	9
Dysentery, endamebic (Class XVIII, Inter. 14C).	FA	1	28	13	23	......	......	......	....	19	......	461
	SY	......	22	13	15	1	......	......	....	19	......	179
	H	5	16	42	43	5	1	......	1	5	8	2,194
Dysentery, unclassified (Class VIII, Inter. 14D).	FA	......	41	9	37	......	1	......	....	12	......	[illegible]
	SY	1	26	3	19	3	......	......	....	8	......	[illegible]
	H	2	14	20	29	6	......	......	....	1	......	617
Dystrophy, progressive muscular (Class XIII, Inter. 63).	SY	......	1	......	......	......	......	1	....	......	......	0
Ecthyma (Class XV, Inter. 145C).	FA	......	3	......	3	......	......	......	....	......	......	31
Eczema (Class XV, Inter. 145C).	FA	1	46	12	43	......	......	......	....	13	3	[illegible]
	SY	1	30	2	20	......	......	1	....	10	2	[illegible]
	H	6	6	25	25	4	......	1	....	4	3	1,11[illegible]
Elongation of uvula (Class III, Inter. 100).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	1	......	......	......	....	......	......	19
Encephalitis, acute (Class XIII, Inter. 60).	FA	......	1	1	......	......	......	......	....	2	......	12
	H	......	......	1	1	......	......	......	....	......	......	29
Endocarditis, acute (Class II, Inter. 78).	FA	......	2	......	......	......	......	......	....	2	......	0
	SY	......	1	1	......	......	......	......	....	2	......	54
	H	1	7	3	2	4	......	4	....	1	......	[illegible]
Endocarditis, chronic (Class II, Inter. 78).	FA	......	1	1	......	1	......	1	....	......	......	20
	SY	......	1	2	......	......	......	2	....	1	......	[illegible]
	H	......	3	3	1	......	......	3	....	1	1	[illegible]
Enlargement of prostate (Class VII, Inter. 126).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	......	1	......	......	....	......	......	[illegible]
Enteritis, acute (Class III, Inter. 105B).	FA	......	373	4	367	......	......	......	....	10	......	1,[illegible]
	SY	1	238	6	218	......	......	......	....	26	1	455
	H	......	12	38	34	15	......	......	....	......	1	[illegible]
Enteritis, chronic (Class III, Inter. 105B).	FA	......	5	......	1	......	......	......	....	4	......	[illegible]
	SY	......	2	......	2	......	......	......	....	......	......	[illegible]
	H	......	......	5	1	2	......	......	....	......	2	113

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Enterocolitis (Class III, Inter. 105B).	FA		8		5	1				2		24
	SY		2	1	1					2		11
	H		2	6	6	2						103
Epididymitis, acute (non-ven.) (Class VII, Inter. 127).	FA	4	21	7	26					5	1	225
	SY	1	16		12					5		105
	H	3	3	12	13	5						397
Epididymitis, chronic (non-ven.) (Class VII, Inter. 127).	FA	1	4	1	2					4		15
	SY		2							2		10
	H		3	10	8	4					1	209
Epilepsy (Class XIII, Inter. 69).	FA	2	31	5	6			5		27		158
	SY	1	22	19	11			22		9		196
	H	5	6	44	6	5		24	1	15	4	1,658
Epilepsy, Jacksonian (Class XIII, Inter. 74).	FA			1						1		67
	H			1				1				24
Epistaxis (Class XIV, Inter. 85).	FA		2		1					1		3
	SY		3		2					1		2
	H			2	1	1						24
Epithelioma (Class XIX, Inter. 39-45).	FA		1							1		0
	SY		3							3		0
	H			6	3	2					1	334
Erysipelas (Class VIII, Inter. 18).	FA		18		4		1			13		51
	SY		6	3	3					6		49
	H		4	20	14	4	1			1	4	400
Erysipeloid (Class XVIII, Inter. 25B).	FA		1		1							2
Erythema multiforme (Class XV, Inter. 145C).	FA		2							2		0
	H		1	4	2	2					1	20
Erythema nodosum (Class XV, Inter. 145C).	FA		1		1							5
	H		1		1							44
Erythema scarlatiniforme (Class XV, Inter. 145C).	FA		2							2		0
	H			4	2	2						22
Erythema simplex (Class XV, Inter. 145C).	FA		6	1	6	1						20
	SY		1		1							3
Erythrasma (Class XVIII, Inter. 25B).	FA		1		1							0
Eustachian salpingitis, acute (Class V, Inter. 76).	FA		6		6							24
	SY		1		1							11
	H		1		1							18
Eustachian salpingitis, chronic (Class V, Inter. 76).	FA		3					2		1		22
	SY		1		1							1
	H		1	1	2							38
Exophthalmic goiter (Class IV, Inter. 51).	FA		2							2		0
	SY			1	1							90
	H	2		2	2	1				1		115
Fermentation, gastric (Class III, Inter. 103).	FA	1	13		13					1		55
	SY		3	1	2			1		1		113
	H		2	2	3	1						60
Fermentation, intestinal (Class III, Inter. 103).	FA		20		20							53
	SY		4		4							7
	H		3		3							32
Fever of unknown cause (Class VIII, Inter. 189A).	FA	1	72	4	60	3				14		433
	SY		108	9	96	13				7	1	455
	H	1	3	22	11	15						235
Fibroma (Class XIX, Inter. 46).	FA		7	2	4					5		68
	SY		3							3		0
	H	1		10	4	4		1		1	1	266
Filariasis (Class XVIII, Inter. 19).	FA		1		1							4
	SY		6	1	6	1						78

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Fissure of anus (Class III, Inter. 110A).	FA		7	1	3					5		63
	SY		4	1	4					1		26
	H		2	6	3	3					2	216
Fissure of skin (Class XV, Inter. 145C).	FA		1							1		0
	H			2	1	1						21
Fistula, fecal (Class III, Inter. 110A).	FA		1							1		1
	H	1		3	2	1				1		306
Fistula in ano (Class III, Inter. 110A).	FA		20	5	8					17		89
	SY		7	3	3					7		68
	H	2	6	26	26	2				3	3	1,409
Fistula of kidney (Class VII, Inter. 122).	H	1						1				176
Fistula of salivary gland or duct (Class III, Inter. 99B).	FA		1							1		0
	H			1							1	14
Fistula of urethra (Class VII, Inter. 125).	FA		3							3		8
	SY		1							1		0
	H		1	6	3	1				2	1	233
Flagellate diarrhea (Class XVIII, Inter. 105B).	FA			1						1		7
	SY		5	1	2	1				2	1	94
	H			3	1					1	1	85
Foreign body in bladder (Class VII, Inter. 124).	H		1		1							25
Foreign body in esophagus (Class III, Inter. 101).	SY		2		1					1		2
	H			1	1							1
Functional derangement of liver (Class III, Inter. 115).	FA		15	2	12	1				3	1	187
	SY		23	4	23	1				3		87
	H	1	4	4	7	1				1		285
Furunculosis (Class VIII, Inter. 143).	FA	1	411	25	415	1				18	3	1,606
	SY		94	6	76	1				22	1	373
	H	8	7	42	46	11						1,088
Ganglion (Class XII, Inter. 149).	FA		4	1	3					2		31
	SY		3		3							14
	H		1	2	1						2	83
Gangrene, infective (Class VIII, Inter. 142).	FA		1			1						54
Gangrene of lung (Class XIV, Inter. 95).	SY		1				1					5
Gastritis, acute catarrhal (Class III, Inter. 103).	FA		89	2	67	3				18	3	333
	SY	1	25	1	16					10		58
	H	2	10	40	34	16			1		1	683
Gastritis, chronic catarrhal (Class III, Inter. 103).	FA		59	7	26					40		237
	SY	2	24	8	10	3		3		16	2	236
	H	5	7	90	46	35		1		11	9	2,875
Gastritis, acute phlegmonous (Class III, Inter. 103).	FA		1		1							6
Gastroduodenitis (Class III, Inter. 105B).	FA	1	16		14	1				2		121
	SY		2		2							6
	H		1	2	1	1					1	66
Gastroenteritis (Class III, Inter. 105B).	FA	1	291	9	287	5				8	1	1,048
	SY		49	3	51					1		194
	H		18	13	24	6				1		286
Gastroptosis (Class III, Inter. 103).	FA		2	2	1					3		5
	SY		1	2	1			1		1		60
	H		5	7	5	2				4	1	488
Genu valgum (Class XII, Inter. 147).	SY			1				1				3

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
German measles (Class VIII, Inter. 19).	FA		80	1	54					26	1	225
	SY		13		6					7		57
	H		7	36	37	5					1	639
Gingivitis (Class III, Inter. 99A).	FA		3		2					1		6
	SY		2		1					1		1
	H		1	3	3	1						23
Glaucoma, acute (Class VI, Inter. 75C).	H		1		1							15
Glioma (Class XIX, Inter. 46).	SY			1						1		10
	H	1		1			1			1		99
Glossitis, acute (Class III, Inter. 99B).	H			1	1							5
Glycosuria (Class XVII, Inter. 50).	FA	1	2							3		13
	SY		2	3	1					4		210
	H		1	7	3	1				3	1	294
Goiter (Class IV, Inter. 88).	FA		16	2	3	1		7		7		58
	SY		5					1		4		0
	H	1	1	15	6	3	1	3		1	3	643
Gonococcus infection of conjunctiva (Class IX, Inter. 38B).	FA		4	2	4					2		55
	SY		3	1				1		3		0
	H	2		6	5			1		2		451
Gonococcus infection of joints (Class IX, Inter. 38B).	FA	3	56	55	46	1		1		65	1	1,195
	SY		20	7	5			2		19	1	392
	H	21	23	93	73	12		18	1	19	14	7,826
Gonococcus infection of lymph node (Class IX, Inter. 38B).	FA	1	28	29	40	1				16	1	518
	SY	1	13	23	22					11	4	839
	H	8		20	20	7				1		1,271
Gonococcus infection of urethra (Class IX, Inter. 38B).	FA	13	4,758	708	5,145	16		1	1	304	12	5,603
	SY	3	1,076	155	1,028	5		3		194	4	1,729
	H	73	151	547	574	62		7	4	12	112	28,072
Gonococcus infection, unqualified (Class IX, Inter. 38B).	FA	10	238	318	396					155	15	4,997
	SY	1	58	62	64	3				50	4	1,121
	H	24	17	203	175	21	1	3		12	32	9,224
Gout, acute (Class XVII, Inter. 48C).	FA		5	1	6							47
	SY		1		1							8
	H		1		1							44
Gout, chronic (Class XVII, Inter. 48C).	FA			1	1							20
Hallux valgus (Class XII, Inter. 149).	FA		11	3	7			2		5		50
	SY		8		2			3		3		56
	H	2	1	9	8	1		2		1		410
Hammertoe (Class XII, Inter. 149).	FA		12	1	5			4		4		103
	SY		16	2	2			10		6		116
	H	2	2	11	10	2		1		1	1	603
Hay-fever (Class XIV, Inter. 98).	SY		1		1							7
Headache (Class XVII, Inter. 189A).	FA		12	1	10	1				2		136
	SY		3	1	1	1		1		1		40
	H	2		3	2	1		1			1	126
Hematemesis (Class III, Inter. 108).	FA		3							3		0
	SY		1							1		0
	H			5	4	1						96
Hematocele of spermatic cord (Class VII, Inter. 127).	FA		1		1							0
Hematuria, renal (Class VII, Inter. 122).	FA		4	1	3					2		22
	SY		3	1						4		10
	H		1	6	3	3					1	143

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	BA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Hemianopsia (Class VI, Inter. 75C).	FA		1							1		0
	H		1	2	2	1						114
Hemoglobinuric fever (Class VIII, Inter. 19).	FA		1	1	1					1		26
	H			1						1		26
Hemoptysis (Class XIV, Inter. 98).	FA		3	2	1					4		28
	SY		4	1	4	1						64
	H			4	1	3						27
Hemorrhage, epidural (Class XIII, Inter. 64).	FA		1							1		1
	H			1	1							16
Hemorrhage, intestinal (Class III, Inter. 110B).	FA		1							1		0
	H		1	3	2	2						32
Hemorrhage into cerebrum (Class XIII, Inter. 64).	FA		2							2		0
	SY		1							1		0
	H	2		5	2	1	1	1		1	1	425
Hemorrhage into medulla (Class XIII, Inter. 64).	SY			1						1		60
	H		1	1		1				1		5
Hemorrhage into retina (Class VI, Inter. 75C).	FA		1							1		0
	H			1				1				122
Hemorrhoids (Class III, Inter. 83).	FA	1	210	23	99	2				132	1	602
	SY		121	12	34			2		96	1	408
	H	11	27	226	217	21		1	1	2	22	6,550
Hernia, epigastric (Class XVI, Inter. 109).	FA		2							2		0
	SY		1							1		0
	H			3	3							172
Hernia, femoral (Class XVI, Inter. 109).	FA		5	1	1			2		3		95
	SY			1						1		0
	H	1	1	3	2	2		1				123
Hernia, inguinal (Class XVI, Inter. 109).	FA	3	205	69	72	1		3		199	2	1,083
	SY	1	84	24	27	1		12		68	1	785
	H	49	25	267	254	19		5	2	26	35	13,755
Hernia, internal (Class XVI, Inter. 109).	FA		1				1					3
Hernia of muscle, fascia, tendon, or sheath (Class XII, Inter. 149).	H			1	1							40
Hernia, umbilical (Class XVI, Inter. 109).	FA		4	2	2					4		44
	H			3	1						2	142
Hernia, ventral (Class XVI, Inter. 109).	FA		9	4	1					12		25
	SY	1	12	10	6	2		6		9		206
	H	4	5	22	20	6		1	1	1	2	1,418
Herpes (Class XV, Inter. 145C).	FA		19		19							83
	SY		3		1					2		0
	H		3	2	4	1						90
Hodgkin's disease (Class X, Inter. 53A).	H	2					1	1				134
Hordeolum (Class VI, Inter. 75C).	FA		9		9							20
	SY		4		4							5
	H		1		1							2
Hydrocele of spermatic cord (Class VII, Inter. 127).	FA		6		3					3		35
	SY		4							4		0
	H		1	7	6	1					1	221
Hydrocele of tunica vaginalis (Class VII, Inter. 127).	FA		18	3	5					16		83
	SY		11	4	9			1		5		137
	H	1	10	21	23	4				2	3	966
Hyperesthesia of retina (Class VI, Inter. 75C).	SY		1		1							11
Hyperidrosis (Class XV, Inter. 145C).	SY		1		1							8

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days
DISEASES—Continued.												
Hypermetropia (Class VI, Inter. 75C).	FA		12	2	1			1		12		20
	SY		61	3	57			2		5		250
	H	1	3	32	19	15		1		1		331
Hypernephroma (Class XIX, Inter. 45E).	H		1								1	52
Hypertrophy of bone (Class XII, Inter. 116).	FA		8							8		1
	SY		23	1	2					22		28
	H	7		32	32	3		3		1		770
Hypertrophy of heart (Class II, Inter. 79C).	SY		1							1		0
	H			2		1				1		48
Hypertrophy of mammary gland (Class XVII, Inter. 133).	FA		1							1		0
	SY		1					1				4
	H			1	1							46
Hypertrophy of tonsil (Class III, Inter. 100).	FA		40	4	12					32		74
	SY		156	6	6			2		154		87
	H	8	37	197	219	8		1	1	3	10	4,767
Hypochondriasis (Class XIII, Inter. 68).	FA		3	1	1					3		24
	SY		2							2		9
	H		1	5	1	2		1		1	1	116
Hysteria (Class XIII, Inter. 73A).	FA		14	4	6	1		2		9		125
	SY	1	8	6	6	1		3		5		185
	H	1	4	14	6	5		2		2	4	222
Imbecility (Class XI, Inter. 74).	SY		1	1	1			1				0
Impetigo contagiosa (Class XV, Inter. 145C).	FA		13		12					1		95
	SY		9		5					4		41
	H	1	1	6	7	1						107
Impetigo herpetiformis (Class XV, Inter. 145C).	FA		1		1							10
Impetigo simplex (Class XV, Inter. 145C).	FA		2		2							28
	SY		1							1		0
	H			1							1	15
Impotence (Class VII, Inter. 127).	FA		1		1							8
	SY		1		1							6
Incontinence of urine (Class VII, Inter. 124).	FA		4		1					3		0
	SY		7					4		3		162
	H			6	2	2					2	133
Inflammation of salivary gland (Class III, Inter. 99B).	FA		2							2		9
	H			2	1	1						68
Inflammation of spermatic cord (Class VII, Inter. 127).	SY		1	1	2							13
Influenza (Class VIII, Inter. 10).	FA	36	2,420	50	2,333	24				104	45	9,685
	SY	5	1,660	41	1,396	13				284	13	5,643
	H	9	53	422	376	76			1		31	5,459
Ingrowing nail (Class XV, Inter. 145C).	FA		114	5	91					26	2	461
	SY		106	5	64					47		491
	H	5	4	72	75	3				1	2	1,424
Insomnia (Class XVII, Inter. 189A).	SY		1		1							5
Insufficiency of ocular muscle (Class VI, Inter. 75C).	FA		1	1						2		2
	SY		3	1	3			1				13
	H	1	1	1	2					1		112
Intertrigo (Class XV, Inter. 145C).	FA		1								1	4
	SY		1		1							2
	H		1		1							10
Iridocyclitis (Class VI, Inter. 75C).	FA		2							2		1
	SY		2	2	4							140
	H			3	1					2		63

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Iritis (Class VI, Inter. 75C).	FA	1	25	5	20	......	......	......	....	11	......	222
	SY	......	5	2	4	......	......	......	....	3	......	56
	H	3	3	19	19	3	......	1	....	......	2	977
Jaundice, acute infective (Weil's disease) (Class VIII, Inter. 111).	H	......	2	1	2	1	......	......	....	......	......	44
Keratitis (Class VI, Inter. 75C).	FA	......	8	3	7	......	......	......	....	4	......	113
	SY	......	4	......	3	......	......	......	....	1	......	23
	H	......	......	8	2	2	......	......	....	4	......	175
Keratitis, phlyctenular (Class VI, Inter. 75C).	FA	......	3	......	2	......	......	......	....	......	1	9
	SY	......	1	......	......	......	......	......	....	1	......	2
	H	......	......	1	......	......	......	......	....	......	1	109
Laryngitis, acute (Class XIV, Inter. 87).	FA	1	37	2	36	......	......	......	....	3	1	194
	SY	......	46	5	37	2	......	......	....	10	2	290
	H	1	......	14	12	3	......	......	....	......	......	322
Laryngitis, chronic (Class XIV, Inter. 87).	FA	......	6	1	1	......	......	......	....	6	......	47
	SY	......	1	1	......	......	......	......	....	2	......	0
	H	2	......	7	4	2	......	1	....	1	1	405
Leukemia (Class I, Inter. 53C).	FA	......	2	......	......	......	......	......	....	2	......	33
	SY	......	......	1	......	......	......	......	....	1	......	12
	H	......	1	3	1	1	2	......	....	......	......	38
Leukoma (Class VI, Inter. 75C).	FA	......	1	......	1	......	......	......	....	......	......	4
	H	......	1	......	......	......	......	1	....	......	......	7
Lipoma (Class XIX, Inter. 46).	FA	......	11	1	8	......	......	......	....	4	......	28
	SY	......	4	......	2	......	......	......	....	2	......	30
	H	1	2	7	7	2	......	......	....	......	1	145
Locomotor ataxia (Class XIII, Inter. 62).	SY	......	1	6	......	......	......	......	....	7	......	0
	H	2	2	9	9	2	......	1	....	......	1	270
Loose body in joint (Class XII, Inter. 147).	FA	......	3	1	2	......	......	......	....	2	......	2
	SY	......	1	......	......	......	......	1	....	......	......	0
	H	......	1	2	1	1	......	......	....	......	1	72
Lupus erythematosus (Class XV, Inter. 145C).	H	1	......	......	1	......	......	......	....	......	......	155
Lymphadenitis, acute (Class X, Inter. 84).	FA	4	223	23	159	7	......	......	....	80	4	2,706
	SY	......	89	34	66	7	......	......	....	37	13	1,958
	H	12	7	92	70	24	......	......	....	5	12	4,290
Lymphadenitis, chronic (Class X, Inter. 84).	FA	......	20	4	6	......	......	......	....	18	......	144
	SY	1	6	2	3	......	......	......	....	6	......	71
	H	1	1	26	12	5	......	......	1	1	9	736
Lymphangitis (Class X, Inter. 84).	FA	2	33	4	34	......	......	......	....	5	......	180
	SY	......	9	1	9	......	......	......	....	1	......	68
	H	1	1	7	3	3	......	......	1	......	2	338
Malaria (Class VIII, Inter. 4).	FA	1	660	256	826	3	......	......	....	83	5	4,271
	SY	5	521	218	591	15	2	1	....	119	16	3,785
	H	13	24	178	146	48	1	......	....	5	15	4,093
Malformations, congenital (Class XVII, Inter. 150).	FA	......	7	2	......	......	......	......	....	9	......	1
	SY	......	9	1	1	......	......	2	....	7	......	16
	H	......	4	17	14	2	......	5	....	......	......	460
Malingering (Class XVII, Inter. 189B).	FA	......	5	1	5	......	......	......	....	1	......	27
	SY	......	1	......	1	......	......	......	....	......	......	5
	H	......	......	1	......	......	......	......	....	......	1	17
Malnutrition (Class XVII, Inter. 189A).	FA	......	1	......	1	......	......	......	....	......	......	8
Mastoiditis, acute (Class V, Inter. 146).	FA	......	2	......	1	......	......	......	....	1	......	8
	SY	......	4	1	2	......	......	......	....	3	......	45
	H	2	6	7	9	1	......	1	....	2	2	779
Mastoiditis, chronic (Class V, Inter. 146).	FA	......	2	......	......	......	......	......	....	2	......	1
	H	1	1	2	1	......	......	1	....	1	1	196

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Masturbation (Class VII, Inter. 74).	H		1					1				25
Measles (Class VIII, Inter. 6).	FA		190		37					153		757
	SY		103	2	18	1				86		269
	H	3	15	246	235	22	3				4	6,446
Melancholia, involutional (Class XI, Inter. 68).	FA		2	2						4		35
	SY		1	2		1				2		3
	H			3		2					1	14
Ménière's disease (Class XIII, Inter. 76).	FA		1							1		1
	SY		1		1							6
	H			1				1				76
Meningitis, cerebral (Class XIII, Inter. 61).	FA		1							1		5
	SY		1	2		2	1					7
Meningitis, cerebrospinal (Class XIII, Inter. 61).	SY		2							2		3
	H			2	1			1				194
Metatarsalgia (Class XII, Inter. 149).	FA		1							1		2
	SY		1					1				6
	H	1		1	1	1						165
Migraine (Class XVII, Inter. 74).	FA		6		4					2		7
	H			2	1			1				85
Miliaria (Class XV, Inter. 145C).	FA		1		1							3
	H		1		1							12
Mumps (Class VIII, Inter. 19).	FA		496	5	90					408	3	1,536
	SY	1	521	10	57					475		1,915
	H	3	36	905	814	47			1	7	75	21,330
Mycosis fungoides (Class XV, Inter. 25B).	FA		1		1							4
Myelitis, transverse (Class XIII, Inter. 63).	H		1								1	235
Myocarditis, acute (Class II, Inter. 78).	FA		2		1					1		6
	H			1		1						10
Myocarditis, chronic (Class II, Inter. 79C).	FA		5	3	2			1		5		20
	SY		3	5	4		1	1		2		296
	H	1	3	9	2	3	1	1		5	1	408
Myopia (Class VI, Inter. 75C).	FA		10	2	4			1		7		52
	SY		50	4	41			10		3		136
	H	1	2	13	6	4		1		3	2	597
Myositis, acute (Class XII, Inter. 149).	FA		18	2	17					3		98
	SY		2	1	2					1		11
	H		3	4	4	3						102
Myositis, chronic (Class XII, Inter. 149).	FA		2		1					1		17
	H			1							1	32
Myositis, traumatic, ossifying (Class XII, Inter. 149).	H		1			1						56
Myotonia congenita (Class XII, Inter. 149).	SY			1				1				0
Myringitis, acute (Class V, Inter. 76).	FA		1		1							14
Myringitis, chronic (Class V, Inter. 76).	FA		1							1		0
	H			1							1	23
Myxoma (Class XIX, Inter. 46).	FA		1		1							3
Nausea marina (Class XVII, Inter. 189A).	FA		24	4	23					5		103
	SY			2				2				30
	H			4		1		2			1	128

TABLE 1. *Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Necrosis (Class XII, Inter. 146).	FA		3		2					1		15
	SY		4		2					2		41
	H	1		3	2	2						91
Nephralgia (Class VII, Inter. 122).	FA		1		1							1
Nephritis, acute (Class VII, Inter. 119).	FA		23	6	10	1	1			17		268
	SY		13	3	1	2	1			12		46
	H	2	10	33	17	7	3	3		5	10	1,938
Nephritis, chronic interstitial (Class VII, Inter. 120).	FA		19	4	4		2			17		70
	SY	1	4	4	3			2		3	1	34
	H	1	8	27	8	4	3	9		7	5	1,559
Nephritis, chronic parenchymatous (Class VII, Inter. 120).	FA		12	8	5			1		14		190
	SY		7	2				5		4		49
	H	4	4	24	11	3	3	5		4	6	1,052
Nephrolithiasis (Class VII, Inter. 123).	FA		13	5	9					9		207
	SY	1	5	6	6					6		168
	H	1	2	16	11	4		1		2	1	715
Nephroptosis (Class VII, Inter. 122).	FA		1	1	1					1		2
	H			2	1	1						21
Nervous dyspepsia (Class III, Inter. 103).	FA		1		1							2
	SY		1		1							7
	H	1	1	1	2	1						60
Neuralgia (Class XIII, Inter. 73B).	FA	1	71	4	63					13		263
	SY		16		11					5		23
	H	2	1	21	13	7				1	3	671
Neurasthenia (Class XIII, Inter. 74).	FA	1	55	19	11	1		7		55	1	509
	SY	4	30	29	25	1		8		26	3	1,645
	H	9	15	108	48	29		16	1	28	10	3,925
Neuritis (Class XIII, Inter. 73B).	FA	2	35	6	26	1				16		331
	SY	1	22	12	15	2		5		12	1	369
	H	8	6	31	20	10		3		8	4	1,836
Neuritis, multiple (Class XIII, Inter. 73B).	FA		1			1						30
	SY			1						1		0
	H	2		1	1			1			1	58
Neuritis, optic (Class VI, Inter. 75C).	FA		2	1	1					2		14
	SY		3	1	1					3		62
	H	3	1	7	1	6		1		1	2	243
Neuroma (Class XIX, Inter. 46).	FA		1							1		0
	H			1	1							20
Neurosis, intestinal (Class III, Inter. 110B).	FA		73	1	73					1		200
	SY		8		8							27
	H		3	2	3					1	1	96
Neurosis of bladder (Class VII, Inter. 124).	FA	3	44	13	33			20		7		391
	SY		23	1	2			19		3		52
	H	1	1	12	2	1		7	1	3		676
Neurosis, traumatic (Class XIII, Inter. 74).	FA		2					1		1		23
	SY		1							1		0
	H	1	1	3	3	2						128
No disease (Class XVII, Inter. 189A).	FA		72	1	30					43		202
	SY	1	37	9	15	6				26		164
	H	5	53	122	116	54		1	1	4	4	2,253
Nostalgia (Class XVII, Inter. 68).	H		1		1							1
Nystagmus (Class VI, Inter. 75C).	FA		1					1				10
Obesity (Class XVII, Inter. 55).	SY		1		1							0
Obstruction, acute intestinal (Class III, Inter. 109).	FA		4		2					2		10
	H		1	5	1	2	2			1		90

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Obstruction, chronic intestinal (Class III, Inter. 109).	FA		2	1						3		6
	SY			2	1					1		46
	H	4	1	4	5	4						459
Odontoma (Class XIX, Inter. 46).	H			1	1							47
Onychia (Class XV, Inter. 145C).	FA		28	2	29	1						232
	SY		12		10					2		155
	H			2	1						1	122
Opacity of vitreous humor (Class VI, Inter. 75C).	FA		1							1		0
	H			2	1					1		123
Ophthalmoplegia (Class VI, Inter. 75C).	H	1				1						14
Orchitis, acute (nonven.) (Class VII, Inter. 127).	FA	2	62	6	64	1				4	1	508
	SY		22	3	12					13		146
	H	1	1	18	16	3					1	485
Orchitis, chronic (nonven.) (Class VII, Inter. 127).	FA		4	1		1				4		16
	SY		5	2	2			2		3		72
	H	1	1	8	5	5						438
Ossification of cartilage, unqualified (Class XII, Inter. 149).	FA		1							1		0
	H			1	1							48
Osteoma (Class XIX, Inter. 46).	FA		4		1					3		31
	SY		5		1			1		2	1	43
	H		6	6	6	2		1	1		2	602
Osteomyelitis, acute (Class XII, Inter. 146).	FA		4		1					3		43
	H		1	4	4	1						175
Osteomyelitis, chronic (Class XII, Inter. 146).	FA		2		2							3
	H	1			1							112
Otitis, externa (Class V, Inter. 76).	FA		94	7	82					18	1	324
	SY		32	5	21	1				15		91
	H	4	6	32	33	4				1	4	1,106
Otitis interna, acute (Class V, Inter. 76).	FA		1							1		0
	H			1							1	65
Otitis interna, chronic (Class V, Inter. 76).	FA		2	1						3		15
	SY		2							2		0
	H	1		6	3	1		2		1		243
Otitis media, acute (Class V, Inter. 76).	FA		186	14	129	2				66	3	727
	SY	1	88	5	51	4				39		371
	H	11	16	107	109	12		2		1	10	3,536
Otitis media, chronic (Class V, Inter. 76).	FA		98	33	62	1		2		65	1	266
	SY		86	25	38			43		30		455
	H	12	23	111	91	7		15	1	18	14	5,759
Oxyuriasis (Class XVIII, Inter. 107).	SY		1		1							7
Ozena (Class XIV, Inter. 86).	FA		1							1		1
	SY		3		1					2		0
	H	2		4	2	1		2		1		232
Pachymeningitis, spinal (Class XIII, Inter. 86).	H	1						1				320
Palpitation, cardiac (Class II, Inter. 85).	FA		6		3					3		14
	SY	1		1	1					1		204
	H		4	6	6	3				1		78
Pancreatitis, acute (Class III, Inter. 118).	SY			1			1					37
Pancreatitis, chronic (Class III, Inter. 118).	SY		2				1			1		0
	H	1		2	1	2						128

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Panophthalmitis (Class VI, Inter. 75 C).	H		1								1	54
Papilloma (Class XIX, Inter. 46).	FA		3		1					2		3
	SY		2		1					1		0
	H			4	2	2						103
Pappataci fever (Class VIII, Inter. 19).	SY		2		2							10
Paralysis, muscle, ischemic (Class XII, Inter. 149).	FA		1		1							1
	H	1						1				273
Paralysis of nerve (Class XIII, Inter. 66).	FA		7	1	3					5		15
	SY		2							2		0
	H	2		7	5	2		1		1		413
Paralysis of ocular muscle (Class VI, Inter. 75C).	FA		2							2		0
	SY		2							2		1
	H		1	8	3	3		1		1	1	282
Paralysis of vocal cords (Class XIV, Inter. 74).	H		1			1						26
Paranoia (Class XI, Inter. 68).	FA		1							1		10
	H			1							1	9
Paranoiac state (Class XI, Inter. 68).	H	2				1		1				81
Paraphimosis (Class VII, Inter. 127).	FA		8	1	5					2	2	47
	SY		2	1	2	1						48
	H			1	1							16
Paraplegia, ataxic (Class XIII, Inter. 66).	H	1		1								28
Paratyphoid fever (Class VIII, Inter. 1).	FA	1	2	1	3	1						130
	SY		2		1					1		13
	H		1	3	2	1					1	259
Pediculosis (Class XVIII, Inter. 145C).	FA		75		75							7
	SY		10		10							0
	H		1		1							9
Pemphigus (Class XV, Inter. 145C).	FA		1		1							10
	H		2		2							44
Perforated nasal septum (Class XIV, Inter. 86).	SY		1					1				10
	H		1					1				64
Pericarditis (Class II, Inter. 77).	FA		2							2		0
	SY		1							1		0
	H	1	2	3	2	2	2					144
Periostitis, acute (Class XII, Inter. 146).	FA		22		17					5		261
	SY		7		1					6		73
	H	4		14	13	2				2	1	642
Periostitis, chronic (Class XII, Inter. 146).	FA		4	1	2					3		13
	SY		1		1							0
	H	1	1	5	3	2			1		1	66
Peritonitis, acute general (Class III, Inter. 117).	FA		1							1		3
	H		4	2		1	5					5
Peritonitis, chronic general (Class III, Inter. 117).	FA		1							1		0
	H			2	1	1						32
Pes cavus (Class XII, Inter. 149).	FA		1							1		4
	H			1							1	13
Pes planus (Class XII, Inter. 149).	FA		62	10	32			12		27	1	415
	SY	1	68	30	18	1		64		16		460
	H	4	13	55	16	6		21		27	2	2.[illegible]
Pharyngitis, acute (Class III, Inter. 100).	FA		39		37					2		126
	SY		31		28					3		125
	H		3	6	8	1						80

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Pharyngitis, chronic (Class III, Inter. 100).	FA		1		1							3
	SY		2		2							3
Phimosis (Class VII, Inter. 127).	FA		151	4	123					32		729
	SY		30	3	18					15		168
	H	2	14	47	57	5					1	1,522
Phlebitis (Class II, Inter. 83).	FA		6		4					2		22
	SY		3	2	3			1		1		58
	H	1	5	3	4	1		2		1	1	324
Pinta (Class XVIII, Inter. 25B).	FA		1		1							1
Pityriasis rosea (Class XV, Inter. 145C).	FA	1	2		1	1				1		14
	H	1	1	2	3	1						52
Pityriasis simplex (Class XV, Inter. 145C).	SY		2		1					1		0
	H			1	1							91
Pityriasis versicolor (Class XVIII, Inter. 25B).	FA		1							1		0
	SY		1			1						6
	H			2	1	1						14
Pleurisy, acute fibrinous (Class XIV, Inter. 93).	FA		81	1	49	3				30		464
	SY		30	1	11	3				16	1	181
	H	4	5	48	30	19				2	6	1,196
Pleurisy, chronic fibrinous (Class XIV, Inter. 93).	FA		5	2	3	1				3		143
	SY		4	2				1		5		7
	H			13	3	4		2		2	2	562
Pleurisy, serofibrinous (Class XIV, Inter. 93).	FA		22	1	5	2				16		191
	SY		6	3	1	1				4	3	165
	H	4	7	25	21	7				4	4	1,590
Pleurisy, suppurative (Class XIV, Inter. 93).	FA	1	1	2						4		107
	SY		4	3	1					6		135
	H	15	13	10	20	2	1	6		2	7	4,563
Pleuritic adhesions (Class XIV, Inter. 93).	FA		4							4		6
	SY			1	1							60
	H		3	6	5	1		1		2		303
Pneumonia, broncho (Class XIV, Inter. 91).	FA		34		8					25	1	187
	SY		12	1	2					10	1	51
	H	4	14	41	30	14	7			2	6	1,827
Pneumonia, interstitial (Class XIV, Inter. 98).	FA		1							1		3
	H			1		1						1
Pneumonia, lobar (Class XIV, Inter. 92).	FA	2	128	9	28	1				107	3	904
	SY		51	6	7	5	1	1		38	5	493
	H	21	48	160	114	51	14	1		3	46	5,690
Poliomyelitis, acute anterior (Class VIII, Inter. 63).	FA		1				1					8
Polypus, nasal (Class XIV, Inter. 46).	FA		12	4	4					12		32
	SY		3	4	5					2		36
	H		1	16	10	4				1	2	499
Presbyopia (Class VI, Inter. 75C).	FA		5		1					4		0
	SY			1				1				23
	H			4	2			1		1		83
Proctitis (Class III, Inter. 110A).	FA		3	1		1				3		10
	H			2	1						1	145
Prolapse of rectum (Class III, Inter. 110B).	FA		4		2					2		13
	SY		1					1				3
	H			2	2							55
Prostatitis, acute (nonven.) (Class VII, Inter. 126).	FA		3		2					1		37
	SY		2	1	2					1		30
	H			1	1							7
Prostatitis, chronic (nonven.) (Class VII, Inter. 126).	FA		2	2	2					2		38
	H			4	3						1	240

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Dsy.
DISEASES—Continued.												
Psoriasis (Class XV, Inter. 145C).	FA		9	2	6					5		34
	SY		3	1	3			1				13
	H		1	7	4	3		1				314
Psychasthenia (Class XI, Inter. 68).	FA		7	1	2					5	1	30
	SY		12	6				5		13		262
	H	3	11	33	9	15		9		10	4	1,423
Psychosis, due to organic brain disease (Class XI, Inter. 74).	SY		2	1				2		1		0
	H			2	1	1						17
Psychosis, exhaustive, infective, and toxic (Class XI, Inter. 68).	FA		1							1		0
	SY		1	2	1					2		131
	H		1	2	2	1						75
Psychosis, hysterical (Class XI, Inter. 73A).	FA	1	3		1					3		6
	SY			1				1				0
	H	1	1	7		1		2		5	1	308
Psychosis, intoxication (Class XI, Inter. 68).	FA		5							5		2
	SY		3		2					1		3
	H	2	1	10	6	2		1		3	1	286
Psychosis, manic-depressive (Class XI, Inter. 68).	FA		3		1					1	1	[illegible]
	H	4	3	6		7				4	2	909
Psychosis, traumatic (Class XI, Inter. 68).	SY		1							1		0
	H			1							1	3
Pterygium (Class VI, Inter. 75C).	FA		27	1	9					18	1	80
	SY		18		8					10		68
	H		3	30	28	2		1		1	1	910
Purpura (Class I, Inter. 55).	FA		2	2	3	1						16
Purpura, hemorrhagic (Class I, Inter. 55).	FA		4		2					2		16
	H		1	3	2	1					1	56
Pyelitis (Class VII, Inter. 122).	FA		3		2					1		42
	SY	1			1							13
	H	1		5	2	1		1		2		355
Pyelonephritis (Class VII, Inter. 122).	FA		2		1					1		38
	SY			1	1							60
	H	2	3	1		2		2		1	1	473
Pylorospasm (Class III, Inter. 103).	SY		1	1	2							14
Pyorrhea, alveolar (Class III, Inter. 99A).	FA		23		19					4		108
	SY		6	1	4					3		5
	H		4	6	9						1	365
Redundant prepuce (Class VII, Inter. 127).	FA		101		97					4		379
	SY		98	1	87					11	1	610
	H	2	16	16	31				1		2	555
Redundant scrotum (Class VII, Inter. 127).	FA			1	1							18
	H	1			1							6
Retention cyst (Class XIX, Inter. 46).	FA		7		7							15
	SY		1		1							0
Retinitis (Class VI, Inter. 75C).	FA		6	1	3					4		25
	H	3	4	8	11	1				3		438
Rheumatic fever, acute (Class VIII, Inter. 47).	FA		145	40	98	3				83	1	1,734
	SY	2	90	17	37	2		2		65	3	746
	H	11	16	158	107	41		4		13	20	6,550
Rheumatic fever, subacute (Class VIII, Inter. 47).	FA	1	57	12	41	1				28		308
	SY	2	10	6	12			1		5		256
	H	4	2	40	21	13		2		6	4	1,913
Rheumatism, chronic articular (Class XVII, Inter. 48B).	FA	3	68	26	50					45	2	1,071
	SY		16	14	14			6		11	2	212
	H	6	15	59	35	9		3	1	14	15	4,063

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Rheumatism, muscular (Class XVII, Inter. 149).	FA	3	232	25	202	2				54	2	1,402
	SY	2	83	11	67	1		2		21	5	550
	H	6	5	87	53	28				6	11	2,463
Rhinitis, acute (Class XIV, Inter. 86).	FA		55		51					3	1	112
	SY		23		21					1	1	70
	H	1	6	5	10	2						128
Rhinitis, atrophic (Class XIV, Inter. 86).	FA		2	1	1					2		0
	H		4	5	1	1		3		2	2	362
Rhinitis, hypertrophic (Class XIV, Inter. 86).	FA		10		2					8		7
	SY		5	1	3	1				2		5
	H	2	10	10	19	1				1	1	353
Rhinoscleroma (Class XV, Inter. 86).	FA		1	2	1					2		21
	H			1		1						9
Sarcoma (Class XIX, Inter. 39–45).	FA		1							1		0
	H	1	2	2	2					1	2	466
Scabies (Class XVIII, Inter. 145B).	FA		188	5	155					36	2	498
	SY	1	85	15	38	1				60	2	410
	H	7	14	88	91	10			1		7	2,641
Scarlet fever (Class VIII, Inter. 7).	FA		30		3					27		112
	SY		16		2					14		93
	H	2	15	53	47	16					7	2,225
Schistosomiasis intestinal (Class XVIII, Inter. 107).	FA		2	3		1				4		49
	H			2		2						58
Scleritis (Class VI, Inter. 75C).	FA		1	1	2							9
	SY		1	1	1					1		19
	H	1		1	1			1				89
Sclerosis, disseminated (Class XIII, Inter. 63).	SY			2				1		1		17
	H	1		3		1		1		2		226
Sclerosis, lateral (Class XIII, Inter. 63).	FA		1							1		0
	H			1		1						9
Seborrhea (Class XV, Inter. 145C).	H		1		1							21
Senility (Class XVII, Inter. 154B).	FA		5	1						6		22
	SY			1				1				0
	H	1	1	7		1		6		2		424
Septicemia (Class VIII, Inter. 20).	FA		2				1			1		8
	H		6	1	2		4			1		181
Shock (Class XVII, Inter. 189A).	SY		2		1					1		1
	H			1		1						2
Sinus (Class XVII, Inter. 145C).	FA		4		2					2		20
	SY		2	2	1					3		7
	H	2	2	5	6	1		1			1	261
Sinusitis, ethmoidal (Class XIV, Inter. 146).	SY		1		1							1
	H		1		1							6
Sinusitis, frontal (Class XIV, Inter. 146).	FA	1	18	1	15					5		78
	SY		13	1	4			1		9		71
	H	2	5	17	13	4		1		2	4	735
Sinusitis, maxillary (Class XIV, Inter. 146).	FA		4		1					3		4
	SY		4		1					3		3
	H	1	4	11	11	2					3	623
Smallpox (Class VIII, Inter. 5).	FA		2	1	1		1			1		73
	SY	1	1		1					1		2
	H		2	2	3	1						136
Somnambulism (Class XIII, Inter. 74).	SY		1					1				9
Spermatorrhea (Class VII, Inter. 127).	FA		1							1		0
	H			1		1						27

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Splanchnoptosis (Class III, Inter. 110B).	FA		2	1	1					2		4
	H		1	5	3	2				1		103
Splenitis, acute (Class IV, Inter. 116).	SY		1		1							5
Splenitis, chronic interstitial (Class IV, Inter. 116).	SY		1							1		2
	H		1	2		1	1	1				72
Spur on nasal septum (Class XIV, Inter. 86).	FA		1							1		0
	H	1		2	2	1						49
Stammering (Class XIII, Inter. 74).	FA		1							1		0
	SY		1	2				2		1		4
	H		1	3		1				3		99
Stenosis of punctum lacrimale (Class VI, Inter. 75C).	FA		1							1		0
	H			2	1	1						9
Stomatitis (Class III, Inter. 99B).	FA		5		3					2		27
	H			2	1	1						12
Stricture of esophagus (Class III, Inter. 101).	SY		1							1		0
	H			1		1						14
Stricture of rectum (Class III, Inter. 110B). .	H		1		1							24
Stricture of urethra (Class VII, Inter. 125).	FA	1	19	6	15					10	1	53
	SY		15	2	7					10		35
	H	3	3	22	22	4					2	1,225
Strongyloides, intestinal (Class XVIII, Inter. 107).	FA		1							1		0
	H			1		1						65
Stuttering (Class XIII, Inter. 74).	SY		2					2				36
Synechia (Class VI, Inter. 75C).	SY		2		2							4
Syphilis (Class IX, Inter. 37).	FA	5	974	549	673	3	1	2		841	8	4,301
	SY	5	210	156	170	9		9		160	23	2,296
	H	160	270	1,150	1,118	137	2	49	3	79	192	59,095
Tachycardia (Class II, Inter 85).	FA	1	9	1	6					5		36
	SY		5	3	3			3		2		40
	H	1	3	11	7	4		3			1	414
Talipes (Class XII, Inter. 149).	FA		2	1	1					2		7
	SY		1	1				2				3
	H		2	2				2	1	1		115
Teniasis (Class XVIII, Inter. 107).	FA		12	4	15					1		40
	SY		14	1	11	1				3		35
	H		2	5	6	1						63
Tenosynovitis (Class XII, Inter. 149).	FA	1	30	1	26	1				5		221
	SY	1	13	4	14	1				3		87
	H		1	7	6	1					1	173
Tetanus (Class VIII, Inter. 24).	H		1								1	53
Thrombosis (Class II, Inter. 82).	FA		3	1	1					3		81
	SY		1							1		0
	H	3		5	2			2			4	327
Thyroiditis, acute (Class IV, Inter. 88).	FA		1		1							3
	H	1						1				74
Thyroiditis, chronic (Class IV, Inter. 88).	FA		1							1		0
	SY		2					2				4
	H			1	1							119
Tonsillitis, acute follicular (Class III, Inter. 100).	FA	56	2,727	74	2,599	19				199	40	10,555
	SY	9	1,151	34	725	15				451	8	3,237
	H	34	74	676	667	78				3	36	9,846

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Tonsillitis, chronic (Class III, Inter. 100).	FA		49	12	28					32	1	167
	SY	1	25	4	13					17		75
	H	1	14	52	54	7					6	1,294
Tracheitis (Class XIV, Inter. 89).	FA		1		1							4
Trachoma (Class VI, Inter. 75B).	FA		28	2	2			21		7		183
	SY		2	2				1		3		0
	H	2	1	14	9	1		2		4	1	666
Trichophytosis (Class XVIII, Inter. 145A).	FA		84	3	75					10	2	367
	SY		22	3	17					8		156
	H	1	13	18	28	3				1		823
Trichuriasis (Class XVIII, Inter. 107).	H		1		1							12
Trichuris trichiura (Class XVIII, Inter. 107).	FA		2		1					1		4
	H			2		2						106
Tuberculosis, abdominal (Class VIII, Inter. 31).	FA		1							1		1
	SY			2		1		1				110
	H	1	1		1						1	404
Tuberculosis, acute bronchopneumonic (Class VIII, Inter. 29).	FA		1							1		16
	SY		1							1		1
	H	3		4			2			3	2	1,008
Tuberculosis, acute, general (Class VIII, Inter. 29).	FA		1							1		0
	H			1		1						1
Tuberculosis, acute pneumonic (Class VIII, Inter. 29).	FA		10	2						12		71
	SY	1	4							5		180
	H	10		21		9		3		9	10	3,219
Tuberculosis, acute pulmonary miliary (Class VIII, Inter. 29).	FA		4				1			3		84
	SY		3							3		3
	H	2		10	1	6		1		2	2	1,275
Tuberculosis, chronic pulmonary (Class VIII, Inter. 28).	FA		96	28	3	1		7		110	1	781
	SY	11	26	38	6		1	17		47	4	2,734
	H	189	84	335	14	30	31	90	4	274	165	67,845
Tuberculosis of joint (Class VIII, Inter. 33).	H	1	2	1				2			2	1,142
Tuberculosis of larynx (Class VIII, Inter. 28).	FA		2							2		57
	H		1	2						3		100
Tuberculosis of pleura (Class VIII, Inter. 28).	SY		1	2				1		1	1	157
	H		2	4						5	1	254
Tuberculosis of spinal column (Class VIII, Inter. 32).	H		1					1				8
Tuberculosis, unqualified (Class VIII, Inter. 34).	FA		6	2						8		23
	SY			2	1					1		14
	H	7	6	18	6	5	1	3		11	5	2,745
Typhoid fever (Class VIII, Inter. 1).	FA		6	4	1					9		180
	SY	1	6	3	4					5	1	183
	H	1	6	18	10	10	1			3	1	668
Typhus fever (Class VIII, Inter. 2).	FA	2	4	3	5	3	1					86
Ulcer of bladder (Class VII, Inter. 124).	FA		1							1		10
	H		1	2	1			1		1		114
Ulcer of duodenum (Class III, Inter. 105A).	FA		4	1						5		22
	SY		3	2	1					4		72
	H	3	5	11	9	3		1		3	3	1,272
Ulcer of eye and adnexa (Class VI, Inter. 75C).	FA		35	3	24					14		168
	SY		7	1	8							84
	H	2	5	17	12	5				2	5	701

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.												
Ulcer of mouth (Class III, Inter. 99B).	FA		4		2	1				1		6
	SY		1	1						1	1	20
	H			1							1	3
Ulcer of nasal passage (Class XIV, Inter. 86).	FA		1							1		1
	SY		1		1							7
	H			2	1	1						10
Ulcer of rectum (Class III, Inter. 110B).	FA			2						2		0
	H		2	3	4			1				206
Ulcer of skin (Class XV, Inter. 145C).	FA	2	42	9	34					17	2	585
	SY		14	2	8			1		7		138
	H	4	11	27	24	8				2	8	2,214
Ulcer of stomach (Class III, Inter. 102).	FA		6	5	3					8		102
	SY		5	7	5					5	2	292
	H	2	9	24	12	11	4	2		5	1	1,576
Ulceromembranous angina (Class III, Inter. 100)	FA		67	2	55					14		341
	SY		15	1	10	1				4	1	110
	H	1	7	18	21	4					1	440
Uncinariasis (Class XVIII, Inter. 106).	FA		17	2	18					1		38
	SY		4		1					3		4
	H	1	13	6	16	3		1				317
Union of fracture, faulty (Class XII, Inter. 146).	FA	1	10	6	6			5		6		78
	SY		5	2	1			3		3		110
	H	5	2	10	5	3		5	1	2	1	1,185
Ureteral colic (Class VII, Inter. 123).	FA		6		3					3		18
	SY		3		3							8
	H			4	3	1						45
Urethritis, acute (nonven.) (Class VII, Inter. 125).	FA		9		9							37
	H		1		1							4
Urethritis, chronic (nonven.) (Class VII, Inter. 125).	H		1		1							1
Urticaria (Class XV, Inter. 145C).	FA	2	38	1	36					5		132
	SY		14	2	12	1				3		53
	H	1	4	11	11	4					1	132
Vaccinia (Class VIII, Inter. 19).	FA	1	209	1	204	3				2	2	976
	SY		152	3	148	3				3	1	682
	H		1	5	5	1						81
Valvular disease, chronic cardiac (Class II, Inter. 79A).	FA		38	4	14		3	4		21		232
	SY	1	26	5	6		1	18		7		321
	H	6	25	39	12	11	3	30		9	5	3,028
Varicocele (Class VII, Inter. 83).	FA		104	4	42			1		65		479
	SY		57	4	19	1		3		38		308
	H	16	21	101	121	8				3	6	4,090
Varix (Class II, Inter. 83).	FA		43	6	6			1		42		60
	SY		25	8	4			6		23		106
	H	14	5	69	77	1				7	3	3,349
Vertigo (Class XVII, Inter. 189A).	FA		9	2	5			1		4	1	121
	SY		5		2			1		2		18
	H	1	1	8	7	2					1	159
Vomiting, recurrent (Class III, Inter. 103).	FA		1							1		0
	H			1	1							6
Wart (Class XV, Inter. 145C).	FA		27	1	16					12		66
	SY		12	1	6					7		19
	H		2	19	15	2			1	1	2	506
Whooping cough (Class VIII, Inter. 8).	FA		1		1							0
Yaws (Class VIII, Inter. 19).	FA		1		1							11
Zoster (Class XIII, Inter. 145C).	FA		26		22					4		132
	SY		4		3					1		15
	H		2	5	7							146

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES.												
Abrasion, unqualified "G" (Class XX, Inter. 186).	FA		16	1	17							101
	SY		4	1	5							21
Abrasion, unqualified "H" (Class XX, Inter. 186).	FA		1		1							6
Abrasion, unqualified "I" (Class XX, Inter. 186).	FA		2		2							4
	SY		3		3							28
	H		1	1	2							50
Abrasion, unqualified "J" (Class XX, Inter. 186).	FA		5		5							25
	SY		2		2							7
	H			1	1							33
Abrasion, unqualified "L" (Class XX, Inter. 186).	FA	1	82	3	84					1	1	464
	SY		41		22	2				17		197
	H	2	4	17	20	3						344
Abrasions, multiple "G" (Class XX, Inter. 186).	FA		5		5							39
	SY		4	1	4					1		12
	H			1	1							42
Abrasions, multiple "H" (Class XX, Inter. 186).	SY		1		1							5
Abrasions, multiple "I" (Class XX, Inter. 186).	FA		1		1							4
Abrasions, multiple "J" (Class XX, Inter. 186).	SY		1		1							1
Abrasions, multiple "L" (Class XX, Inter. 186).	FA		18		18							108
	SY		2		2							13
	H	2		1	3							70
Avulsion of limb "H" (Class XX, Inter. 186).	FA		1		1							12
Avulsion, unqualified "H" (Class XX, Inter. 186).	FA		6	1	4					3		161
	SY		1							1		0
	H			5	3					1	1	228
Avulsion, unqualified "I" (Class XX, Inter. 186).	FA		4		2					2		27
	H	1		2	1	1					1	106
Avulsion, unqualified "L" (Class XX, Inter. 186).	FA		2	1	2					1		44
Blood donor "L" (Class XX, Inter. 189B).	H	1	4		5							22
Burn "C" (Class XX, Inter. 167).	FA		6		5					1		51
	H			1	1							34
Burn "E" (Class XX, Inter. 167).	FA		1		1							1
	SY		1							1		0
	H			1	1							4
Burn "F" (Class XX, Inter. 167).	FA		11	1	11	1						96
	SY		3		3							16
Burn "H" (Class XX, Inter. 167).	FA		1		1							7
Burn "L" (Class XX, Inter. 167).	FA		134	3	128					6	3	857
	SY	1	34	1	27					8	1	182
	H	2	4	15	17					1	3	606
Burns, multiple "C" (Class XX, Inter. 167).	FA		3		1					2		4
	SY		2		1					1		7
	H			2	1		1					70
Burns, multiple "F" (Class XX, Inter. 167).	FA		60	3	35	1	10			17		604
	SY		9	2	7					3	1	85
	H	1		18	10		5	1		1	2	535
Burns, multiple "L" (Class XX, Inter. 167).	FA		64	2	59					5	2	531
	SY		10		5					5		59
	H	2	1	10	13							397

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Compression of chest "I" (Class XX, Inter. 186).	FA	......	3	......	1	......	2	......	....	......	......	6
Compression of nerve "G" (Class XX, Inter. 186).	H	......	1	......	1	......	......	......	....	......	......	7
Compression of nerve "L" (Class XX, Inter. 186).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	1	2	2	......	......	......	....	1	......	161
Contusion "C" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	4
Contusion "F" (Class XX, Inter. 186).	FA	......	3	......	1	......	......	......	....	1	1	15
	SY	......	1	......	1	......	......	......	....	......	......	3
	H	......	1	2	2	1	......	......	....	......	......	35
Contusion "G" (Class XX, Inter. 186).	FA	3	223	13	211	3	......	......	....	22	3	1,207
	SY	1	51	5	43	1	......	1	....	10	2	302
	H	3	7	34	31	10	......	......	....	1	2	925
Contusion "H" (Class XX, Inter. 186).	FA	......	40	1	37	......	......	......	....	3	1	353
	SY	......	10	......	10	......	......	......	....	......	......	74
	H	......	1	1	1	......	......	......	....	......	1	31
Contusion "I" (Class XX, Inter. 186).	FA	1	109	1	102	......	......	......	....	7	2	614
	SY	2	15	......	12	......	......	......	....	5	......	92
	H	......	......	17	7	9	......	......	....	......	1	341
Contusion "J" (Class XX, Inter. 186).	FA	3	79	5	77	1	......	......	....	9	......	437
	SY	......	57	5	48	......	......	......	....	14	......	158
	H	......	1	26	19	7	......	......	....	......	1	405
Contusion "L" (Class XX, Inter. 186).	FA	4	397	5	373	5	......	......	....	25	3	2,054
	SY	4	61	4	55	2	......	3	....	8	1	614
	H	......	9	31	32	8	......	1	....	1	1	819
Contusions, multiple "F" (Class XX, Inter. 186).	FA	......	1	......	......	......	......	......	....	......	1	3
Contusions, multiple "G" (Class XX, Inter. 186).	FA	......	45	1	34	......	......	......	....	12	......	212
	SY	......	3	1	1	1	......	......	....	2	......	4
	H	......	1	16	11	3	......	......	....	......	3	561
Contusions, multiple "H" (Class XX, Inter. 186).	FA	......	1	......	......	......	......	......	....	1	......	0
	SY	......	1	1	1	1	......	......	....	......	......	20
	H	......	......	1	1	......	......	......	....	......	......	10
Contusions, multiple "I" (Class XX, Inter. 186).	FA	......	6	1	5	2	......	......	....	......	......	87
	SY	......	2	......	......	......	......	......	....	2	......	1
	H	......	......	2	2	......	......	......	....	......	......	88
Contusions, multiple "J" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	4
	SY	......	9	1	10	......	......	......	....	......	......	22
Contusions, multiple "L" (Class XX, Inter. 186).	FA	1	25	......	25	......	......	......	....	1	......	138
	SY	......	4	1	5	......	......	......	....	......	......	60
	H	......	3	2	3	1	......	......	....	......	1	84
Crush of lower limb "I" (Class XX, Inter. 186).	FA	......	4	......	3	......	......	......	....	......	1	63
	SY	......	2	......	2	......	......	......	....	......	......	46
	H	1	......	......	......	......	......	1	....	......	......	125
Crush of lower limb "L" (Class XX, Inter. 186).	SY	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	1	......	......	......	....	......	......	8
Crush of upper limb "H" (Class XX, Inter. 186).	FA	......	......	1	1	......	......	......	....	......	......	18
	SY	......	1	1	......	......	......	1	....	1	......	8
	H	1	1	1	1	......	......	......	....	1	1	392
Crush of upper limb "I" (Class XX, Inter. 186).	FA	......	2	1	2	......	......	......	....	1	......	26
	H	......	......	1	......	......	......	1	....	......	......	61
Crush of upper limb "L" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	2
	SY	......	1	......	1	......	......	......	....	......	......	10
Decapitation "L" (Class XX, Inter. 186).	FA	......	1	......	......	......	1	......	....	......	......	0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Dislocation about ankle "J" (Class XX, Inter. 185A).	FA		1							1		0
	H		1		1							7
Dislocation about ankle "L" (Class XX, Inter. 185A).	H	1			1							54
Dislocation about wrist "G" (Class XX, Inter. 185A).	FA		3		1					2		42
	SY		2							2		5
	H			4	2	1					1	114
Dislocation about wrist "J" (Class XX, Inter. 185A).	FA		2		1					1		40
	H		1	1	1	1						22
Dislocation of clavicle "G" (Class XX, Inter. 185A).	FA		1							1		0
	SY		1		1							5
	H		1	1	2							118
Dislocation of clavicle "J" (Class XX, Inter. 185A).	FA		2		1					1		48
	SY		1							1		0
	H			3	1	1					1	38
Dislocation of clavicle "L" (Class XX, Inter. 185A).	FA		2							2		7
	H			2	1						1	27
Dislocation of elbow "G" (Class XX, Inter. 185A).	FA		3		2					1		26
	SY		2	1	1			1		1		12
	H		2	3	5							238
Dislocation of elbow "J" (Class XX, Inter. 185A).	FA		4		2					2		39
	SY		3		1					2		24
	H			4	3	1						119
Dislocation of elbow "L" (Class XX, Inter. 185A).	FA		1							1		15
	SY		1		1							2
	H	1		2	1	1				1		27
Dislocation of intra-articular cartilage of joint "G" (Class XX, Inter. 185A).	FA		1	1						2		0
	H		1	2	3							284
Dislocation of intra-articular cartilage of joint "J" (Class XX, Inter. 185A).	FA		3	1						4		30
	SY		4	1	2					3		37
	H	1	2	5	6	1					1	556
Dislocation of intra-articular cartilage of joint "L" (Class XX, Inter. 185A).	FA		7	2	4					5		68
	SY			1				1				0
	H		1	8	7					1	1	737
Dislocation of lens "L" (Class XX, Inter. 185A).	FA		1							1		0
	H			2	1	1						48
Dislocation of patella "G" (Class XX, Inter. 185A).	FA		1							1		7
	SY			1	1							40
Dislocation of patella "J" (Class XX, Inter. 185A).	SY		1							1		0
	H			1							1	14
Dislocation of shoulder "G" (Class XX, Inter. 185A).	FA		12		9					3		83
	SY		3		2					1		21
	H		1	7	3	2					3	162
Dislocation of shoulder "J" (Class XX, Inter. 185A).	FA		10	2	10					2		83
	SY		5	1	2					4		34
	H			6	4	1				1		82
Dislocation of shoulder "L" (Class XX, Inter. 185A).	FA		9	3	10					1	1	97
	SY		6		4			1		1		20
	H	1		2	2						1	92
Dislocation, unqualified "G" (Class XX, Inter. 185A).	FA		7		5					2		33
	H		1	3	3	1						56
Dislocation, unqualified "I" (Class XX, Inter. 185A).	FA		1							1		0
	H			1	1							84
Dislocation, unqualified "J" (Class XX, Inter. 185A).	FA		3		3							10
	SY		8	1	7					2		28
	H			2	2							21

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Dislocation, unqualified "L" (Class XX, Inter. 185A).	FA		8	2	8					2		60
	SY		1		1							4
	H		1	2	1						2	45
Drowning "A" (Class XX, Inter. 169B).	FA		1				1					0
Drowning "D" (Class XX, Inter. 169B).	FA		43				43					0
	SY		8				8					0
Electric shock, injury from "L" (Class XX, Inter. 181).	FA		3		3							4
	SY		1		1							4
Epiphyseal separation "G" (Class XX, Inter. 185C).	SY		1							1		3
	H			1	1							29
Epiphyseal separation "J" (Class XX, Inter. 185C).	H		1		1							77
Exhaustion from overexertion and exposure "J" (Class XX, Inter. 177A).	FA		1		1							3
Exhaustion from overexertion and exposure "L" (Class XX, Inter. 177A).	FA		5	1	4	1				1		63
	H		5	3	3	3				2		109
Foreign body, traumatic "H" (Class XX, Inter. 186).	FA		8		6					2		13
	SY		1		1							1
	H			2	2							53
Foreign body, traumatic "L" (Class XX, Inter. 186).	FA		45		39					6		143
	SY		4		4							13
	H	1		6	7							59
Fracture about ankle joint, compound "A" (Class XX, Inter. 185C).	SY		1							1		8
	H			1						1		163
Fracture about ankle joint, simple "F" (Class XX, Inter. 185C).	FA		1							1		1
	H			1		1						33
Fracture about ankle joint, simple "G" (Class XX, Inter. 185C).	FA	2	8	3	3			1		9		220
	SY		4	1	2					3		101
	H	5	5	14	14	4				2	4	1,634
Fracture about ankle joint, simple "H" (Class XX, Inter. 185C).	H	1	1		1			1				49
Fracture about ankle joint, simple "I" (Class XX, Inter. 185C).	FA		1		1							35
Fracture about ankle joint, simple "J" (Class XX, Inter. 185C).	FA		5		1	1				3		60
	SY		2							2		1
	H	1	2	5	7					1		457
Fracture about ankle joint, simple "L" (Class XX, Inter. 185C).	FA		4							4		9
	SY		2	1						1	2	27
	H	2	1	5	5	2					1	322
Fracture about wrist joint, compound "G" (Class XX, Inter. 185C).	FA		2	1	1					2		36
	H			1	1							55
Fracture about wrist joint, simple "G" (Class XX, Inter. 185C).	FA		11	1	9					2	1	222
	SY		7		2					5		47
	H		5	7	9	2				1		473
Fracture about wrist joint, simple "H" (Class XX, Inter. 185C).	FA		3		1					2		24
	SY		4		2					2	1	61
	H	2		3	4	1						141
Fracture about wrist joint, simple "I" (Class XX, Inter. 185C).	FA		1		1							25

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture about wrist joint, simple "J" (Class XX, Inter. 185C).	FA		6		5					1		121
	SY		5		2					2	1	40
	H			3	2						1	71
Fracture about wrist joint, simple "K" (Class XX, Inter. 185C).	H			1							1	79
Fracture about wrist joint, simple "L" (Class XX, Inter. 185C).	FA	1	7	2	8					1	1	111
	SY		1		1							33
	H	1	2		2						1	106
Fracture of clavicle, simple "G" (Class XX, Inter. 185C).	FA		5	1	2					4		61
	SY		4							4		1
	H	1	1	9	10					1		525
Fracture of clavicle, simple "H" (Class XX, Inter. 185C).	H	1			1							57
Fracture of clavicle, simple "I" (Class XX, Inter. 185C).	FA		1		1							42
Fracture of clavicle, simple "J" (Class XX, Inter. 185C).	FA		6	1	3					3	1	112
	SY		1	1	1					1		40
	H	1	3	3	6					1		311
Fracture of clavicle, simple "L" (Class XX, Inter. 185C).	FA	1	1		1					1		19
	SY		2	1	1	1		1				49
	H			3	1	1				1		101
Fracture of femur, compound "I" (Class XX, Inter. 185C).	FA		1							1		2
	H			1	1							219
Fracture of femur, compound "L" (Class XX, Inter. 185C).	FA		1	1	1					1		18
Fracture of femur, simple "F" (Class XX, Inter. 185C).	FA		1							1		0
	H			1							1	113
Fracture of femur, simple "G" (Class XX, Inter. 185C).	FA		2							2		31
	SY		1	1				1		1		0
	H	2		3	3					1	1	309
Fracture of femur, simple "I" (Class XX, Inter. 185C).	FA		1							1		0
	H			2	1					1		146
Fracture of femur, simple "J" (Class XX, Inter. 185C).	H		1		1							45
Fracture of femur, simple "L" (Class XX, Inter. 185C).	FA		1							1		0
	SY		1							1		1
	H			2	1						1	312
Fracture of forearm, compound "G" (Class XX, Inter. 185C).	FA			1						1		0
	H			1	1							70
Fracture of forearm, compound "H" (Class XX, Inter. 185C).	FA		1							1		0
	H	1		1		1				1		315
Fracture of forearm, compound "I" (Class XX, Inter. 185C).	FA		1	1		1				1		21
Fracture of forearm, compound "J" (Class XX, Inter. 185C).	H	1			1							120
Fracture of forearm, simple "F" (Class XX, Inter. 185C).	SY	1			1							4

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of forearm, simple "G" (Class XX, Inter. 185C).	FA	1	15	1	7	......	......	......	....	10	......	265
	SY	......	9	2	5	......	......	......	....	6	......	138
	H	5	......	16	14	3	......	......	....	1	3	1,029
Fracture of forearm, simple "H" (Class XX, Inter. 185C).	FA	......	3	......	2	......	......	......	....	1	......	64
	SY	......	1	......	1	......	......	......	....	......	......	23
	H	......	......	4	3	......	......	......	....	1	......	155
Fracture of forearm, simple "I" (Class XX, Inter. 185C).	FA	......	1	......	1	......	......	......	....	......	......	30
	H	......	......	1	1	......	......	......	....	......	......	157
Fracture of forearm, simple "J" (Class XX, Inter. 185C).	FA	......	2	1	......	......	......	......	....	3	......	0
	SY	......	1	4	1	......	......	......	....	4	......	51
	H	1	......	8	5	1	......	......	....	1	2	413
Fracture of forearm, simple "L" (Class XX, Inter. 185C).	FA	......	9	......	2	......	......	......	....	7	......	62
	SY	......	3	1	2	......	......	1	....	1	......	26
	H	2	1	9	9	......	......	......	....	2	1	629
Fracture of humerus, simple "G" (Class XX, Inter. 185C).	FA	......	2	......	1	......	......	......	....	1	......	48
	SY	......	3	1	1	......	......	1	....	2	......	1
	H	3	......	3	4	......	......	......	....	1	1	375
Fracture of humerus, simple "J" (class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	12
	SY	......	3	1	......	......	......	......	....	4	......	1
	H	......	......	7	4	2	......	......	....	1	......	286
Fracture of humerus, simple "L" (Class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	1	......	1	2	......	......	......	....	......	......	247
Fracture of leg, compound "B" (Class XX, Inter. 185C).	SY	......	......	1	......	......	......	1	....	......	......	0
	H	1	......	......	......	......	......	......	....	1	......	43
Fracture of leg, compound "F" (Class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	......	......	......	......	....	......	1	113
Fracture of leg, compound "G" (Class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	1
	SY	......	......	1	......	......	......	......	....	1	......	45
	H	......	......	2	1	......	......	......	....	1	......	91
Fracture of leg, compound "H" (Class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	1	......	2	2	......	......	......	....	1	......	348
Fracture of leg, compound "I" (Class XX, Inter. 185C).	FA	......	......	1	......	......	......	......	....	1	......	1
	SY	......	1	......	......	......	......	1	....	......	......	1
	H	1	......	1	2	......	......	......	....	......	......	31
Fracture of leg, compound "J" (Class XX, Inter. 185C).	H	1	......	......	1	......	......	......	....	......	......	146
Fracture of leg, compound "L" (Class XX, Inter. 185C).	FA	......	3	......	......	......	......	......	....	3	......	[illegible]
	SY	......	1	......	......	......	......	1	....	......	......	5
	H	3	......	3	1	......	......	2	....	1	2	[illegible]
Fracture of leg, simple "F" (Class XX, Inter. 185C).	FA	......	2	......	......	......	......	......	....	1	1	4
	H	......	......	1	......	......	......	......	....	......	1	203
Fracture of leg, simple "G" (Class XX, Inter. 185C).	FA	......	5	......	1	......	......	......	....	4	......	65
	SY	......	1	......	......	......	......	......	....	......	1	40
	H	4	1	6	4	3	......	......	....	1	2	765
Fracture of leg, simple "H" (Class XX, Inter. 185C).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	1	......	......	......	....	......	......	108
Fracture of leg, simple "I" (Class XX, Inter. 185C).	FA	......	4	1	2	......	......	......	....	3	......	[illegible]
	SY	......	1	......	1	......	......	......	....	......	......	[illegible]
	H	1	......	3	2	1	......	......	....	......	1	[illegible]
Fracture of leg, simple "J" (Class XX, Inter. 185C).	FA	......	2	......	1	......	......	......	....	1	......	[illegible]
	SY	1	3	......	3	......	......	......	....	1	......	[illegible]
	H	1	1	2	4	......	......	......	....	......	......	[illegible]
Fracture of leg, simple "L" (Class XX, Inter. 185C).	FA	......	10	2	1	......	......	......	....	10	1	[illegible]
	H	4	......	12	9	1	......	......	....	3	3	[illegible]

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of maxilla, inferior, compound "G" (Class XX, Inter. 185C).	FA		2							2		3
	H			2	1	1						131
Fracture of maxilla, inferior, compound "J" (Class XX, Inter. 185C).	FA		2		2							79
Fracture of maxilla, inferior, compound "L" (Class XX, Inter. 185C).	FA		9	1	5					5		213
	SY		3		1					2		47
	H	3	1	8	8	2					2	346
Fracture of maxilla, inferior, simple "G" (Class XX, Inter. 185C).	SY		1							1		0
	H		1	2	3							123
Fracture of maxilla, inferior, simple "J" (Class XX, Inter. 185C).	FA		2							2		3
	SY			1	1							31
	H	1		1	2							45
Fracture of maxilla, inferior, simple "K" (Class XX, Inter. 185C).	H			1	1							58
Fracture of maxilla, inferior, simple "L" (Class XX, Inter. 185C).	FA		14		2					12		39
	SY		6							6		3
	H	4	1	17	19					1	2	782
Fracture of patella, simple "G" (Class XX, Inter. 185C).	FA		6	2	1					7		96
	H	1		7	4					2	2	764
Fracture of patella, simple "J" (Class XX, Inter. 185C).	SY		2		1					1		52
	H			1	1							19
Fracture of pelvis, simple "H" (Class XX, Inter. 185C).	SY		1				1					0
Fracture of pelvis, simple "I" (Class XX, Inter. 185C).	FA		1							1		16
	H			1	1							35
Fracture of penis "L" (Class XX, Inter. 186).	FA		1	1	2							11
Fracture of rib, simple "G" (Class XX, Inter. 185C).	FA	1	9		9					1		128
	SY		3		2					1		19
	H			2	2							44
Fracture of rib, simple "H" (Class XX, Inter. 185C).	FA		1		1							30
	SY		1							1		1
	H			1	1							40
Fracture of rib, simple "I" (Class XX, Inter. 185C).	H			1	1							16
Fracture of rib, simple "J" (Class XX, Inter. 185C).	FA		4	1	4					1		9
	SY		3		3							7
Fracture of rib, simple "L" (Class XX, Inter. 185C).	FA		5		4					1		56
	SY		3		2					1		37
	H		1	2	3							123
Fracture of skull, compound "A" (Class XX, Inter. 185C).	SY		1				1					0
Fracture of skull, compound "B" (Class XX, Inter. 185C).	FA		1				1					0
Fracture of skull, compound "G" (Class XX, Inter. 185C).	FA		8		1		3			3	1	102
	SY		2	1			2	1				16
	H	2	1	5	4	2		2				330
Fracture of skull, compound "I" (Class XX, Inter. 185C).	FA		2				1			1		0
	H			1			1					0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Fracture of skull, compound "L" (Class XX, Inter. 185C).	FA		4		3		1					29
	H	1						1				81
Fracture of skull, simple "G" (Class XX, Inter. 185C).	FA		4							4		0
	SY		3	1			1			3		4
	H		1	8	3	3	1	1			1	281
Fracture of skull, simple "J" (Class XX, Inter. 185C).	SY		1				1					0
Fracture of skull, simple "L" (Class XX, Inter. 185C).	FA	1	3		1					3		7
	H		1	6		2		1		2	2	351
Fracture of vertebra, simple "G" (Class XX, Inter. 185C).	FA		1				1					0
	SY		1				1					12
	H	1						1				221
Fracture of vertebra, simple "I" (Class XX, Inter. 185C).	FA		2	1			1			2		15
	H			1							1	265
Fracture, unqualified, compound "E" (Class XX, Inter. 185C).	SY		1							1		3
	H			1	1							97
Fracture, unqualified, compound "G" (Class XX, Inter. 185C).	FA		2		2							6
Fracture, unqualified, compound "H" (Class XX, Inter. 185C).	FA		14	2	7					8	1	225
	SY		1	1	1						1	27
	H	1		7	4	1				3		400
Fracture, unqualified, compound "I" (Class XX, Inter. 185C).	FA		12	1	10					3		248
	SY		3		3							62
	H	3		5	6					2		279
Fracture, unqualified, compound "J" (Class XX, Inter. 185C).	FA		2		1					1		8
	H			1	1							13
Fracture, unqualified, compound "L" (Class XX, Inter. 185C).	FA	1	19	1	17					4		170
	SY		3							3		0
	H	3	1	10	10						4	620
Fracture, unqualified, simple "E" (Class XX, Inter. 185C).	FA		2		2							31
Fracture, unqualified, simple "F" (Class XX, Inter. 185C).	H		1		1							35
Fracture, unqualified, simple "G" (Class XX, Inter. 185C).	FA		33	2	26					8	1	557
	SY		9	1	5					5		33
	H	3	2	16	13	3		1		3	1	914
Fracture, unqualified, simple "H" (Class XX, Inter. 185C).	FA		11		10					1		138
	SY		2		2							43
	H			1							1	11
Fracture, unqualified, simple "I" (Class XX, Inter. 185C).	FA		30	1	24					7		314
	SY	1	4	1	3	1				2		91
	H	1	5	8	10	1		1			2	534
Fracture, unqualified, simple "J" (Class XX, Inter. 185C).	FA		41		32					8	1	363
	SY		22	2	15			1		8		182
	H	1	2	16	13	4				2		720
Fracture, unqualified, simple "L" (Class XX, Inter. 185C).	FA	3	147	8	126			1		27	4	1,719
	SY	2	32		19					13	2	252
	H	5	5	43	40	6		1		2	4	1,629
Frostbite "L" (Class XX, Inter. 178).	FA		1		1							0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	Pl.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Heat cramps "L" (Class XX, Inter. 179A).	FA		66		66							145
	SY		1	1	2							9
Heat exhaustion "L" (Class XX, Inter. 179A).	FA		57	1	56		1			1		193
	SY		1							1		4
	H	1	1	4	4	2						105
Hematoma, traumatic "G" (Class XX, Inter. 186).	FA		1							1		5
	SY		1							1		6
	H			2	1						1	162
Hematoma, traumatic "L" (Class XX, Inter. 186).	FA		1	1	1						1	27
Hemorrhage into eyeball "H" (Class XX, Inter. 186).	FA		1							1		0
	H			1	1							18
Hemorrhage into eyeball "J" (Class XX, Inter. 186).	FA		2							2		0
	SY		1							1		0
	H			3	3							51
Hemorrhage into eyeball "L" (Class XX, Inter. 186).	FA		2		1					1		10
	H	1		1	2							19
Hemorrhage under conjunctiva, traumatic "G" (Class XX, Inter. 186).	FA		1		1							0
Hemorrhage under conjunctiva, traumatic "L" (Class XX, Inter. 186).	FA		3							3		7
	H		1	3	3						1	58
Intracranial injury "G" (Class XX, Inter. 186).	FA	1	10	1	4		2			6		65
	SY		1	1				1		1		0
	H			7	5	1					1	100
Intracranial injury "J" (Class XX, Inter. 186).	FA		4		2					2		13
	SY		1		1							1
	H			2	1		1					37
Intracranial injury "L" (Class XX, Inter. 186).	FA		12	1	7					6		71
	SY		1	1	1					1		30
	H	1	1	8	6	1		2			1	129
Multiple injuries, extreme "H" (Class XX, Inter. 186).	FA		2				2					0
Multiple injuries, extreme "I" (Class XX, Inter. 186).	SY	1			1							18
Multiple injuries, extreme "L" (Class XX, Inter. 186).	FA		1				1					0
	SY		1				1					0
Rupture of globe "E" (Class XX, Inter. 186).	H			1				1				228
Rupture of globe "F" (Class XX, Inter. 186).	FA		1	1						2		11
Rupture of ligament "H" (Class XX, Inter. 186).	SY			1				1				10
	H		1		1							8
Rupture of ligament "J" (Class XX, Inter. 186).	FA		1							1		0
	H		1	1	2							22
Rupture of ligament "L" (Class XX, Inter. 186).	FA		1		1							13
Rupture of muscle "I" (Class XX, Inter. 186).	FA		1							1		0
	H			1				1				148
Rupture of muscle "J" (Class XX, Inter. 186).	FA		2		1					1		16
	SY		1		1							6
	H			1	1							1

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Cont'd

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Rupture of muscle "L" (Class XX, Inter. 186).	FA		2		1					1		20
	H			1	1							16
Rupture of nerve "H" (Class XX, Inter. 186).	SY			1						1		3
	H			1		1						2
Rupture of tympanum, traumatic "E" (Class XX, Inter. 186).	FA		4		3					1		0
	SY		1		1							0
Rupture of tympanum, traumatic "F" (Class XX, Inter. 186).	SY		1		1							0
	H			1	1							15
Rupture of tympanum, traumatic "J" (Class XX, Inter. 186).	FA		6		6							0
	SY		1		1							2
Rupture of tympanum, traumatic "L" (Class XX, Inter. 186).	FA		6		6							2
	SY		3		3							27
Sprain of joint "C" (Class XX, Inter. 185B).	FA		1	1	1	1						15
	SY		1		1							3
Sprain of joint "F" (Class XX, Inter. 185B).	FA		1							1		0
	H			1		1						22
Sprain of joint "G" (Class XX, Inter. 185B).	FA	3	266	7	247	4				21	4	1,791
	SY	2	108	7	81	2		1		32	1	737
	H	5	4	54	41	12		1		4	5	1,740
Sprain of joint "H" (Class XX, Inter. 185B).	FA		13		13							123
Sprain of joint "I" (Class XX, Inter. 185B).	FA		11		10						1	59
	H			1	1							6
Sprain of joint "J" (Class XX, Inter. 185B).	FA	1	178	10	168	1				19	1	1,089
	SY	1	187	15	135					67	1	796
	H	1	12	91	86	13					5	1,709
Sprain of joint "K" (Class XX, Inter. 185B).	SY		1		1							4
Sprain of joint "L" (Class XX, Inter. 185B).	FA	2	206	7	193	4				15	3	1,223
	SY	1	47	1	42			1		6		297
	H	4	8	25	23	8				1	5	749
Strain of muscle "G" (Class XX, Inter. 186).	FA		11		11							47
	SY		7		7							30
	H	1	1		2							49
Strain of muscle "I" (Class XX, Inter. 186).	FA		2		2							3
Strain of muscle "J" (Class XX, Inter. 186).	FA		18		17						1	58
	SY		22	1	20					3		58
	H			5	3	1					1	51
Strain of muscle "L" (Class XX, Inter. 186).	FA		53	1	50					3	1	206
	SY		16	2	17					1		96
	H		4	6	8	2						91
Strangulation "A" (Class XX, Inter. 186).	FA		2		1		1					1
	SY		1				1					0
Submersion "D" (Class XX, Inter. 169A).	FA		5		4					1		21
	H			1	1							6
Sunburn "J" (Class XX, Inter. 167).	FA		7		7							18
	SY		1							1		1
	H			1	1							5
Sunburn "L" (Class XX, Inter. 167).	FA		25		25							75
	SY		25		24					1		160
	H		2	1	3							31
Sunstroke "J" (Class XX, Inter. 179B).	FA		1		1							4

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Sunstroke "L" (Class XX, Inter. 179B).	FA		4		4							8
	SY		1		1							5
Synovitis, traumatic "G" Class XX, Inter. 186).	FA	1	28	2	23	1				7		243
	SY		7	4	5					6		38
	H	1	2	15	12	1		2		2	1	598
Synovitis, traumatic "H" (Class XX, Inter. 186).	FA		2		1					1		2
Synovitis, traumatic "I" (Class XX, Inter. 186).	FA		1		1							3
	SY			1						1		0
	H			1	1							25
Synovitis, traumatic "J" (Class XX, Inter. 186).	FA		7		3					3	1	108
	SY		17	3	11	1				8		87
	H			12	9						3	202
Synovitis, traumatic "L" (Class XX, Inter. 186).	FA		18	3	14					6	1	205
	SY		11		6			2		3		97
	H	1	1	11	8	2		2			1	593
Thermic fever "L" (Class XX, Inter. 179A).	FA		9		9							29
Wound, gunshot, abdominal viscera "A" (Class XX, Inter. 170).	FA		2				2					0
	H			1			1					0
Wound, gunshot, abdominal viscera "E" (Class XX, Inter. 170).	FA		1							1		0
	SY		1							1		0
	H			3		1				1	1	280
Wound, gunshot, abdominal viscera "K" (Class XX, Inter. 170).	FA		1				1					0
Wound, gunshot, brain "A" (Class XX, Inter. 170).	FA		2				2					0
	SY		1				1					0
	H		3			1	2					163
Wound, gunshot, brain "K" (Class XX, Inter. 170).	FA		1				1					0
	SY		1				1					0
Wound, gunshot, lower limb "B" (Class XX, Inter. 170).	FA		1		1							0
Wound, gunshot, lower limb "E" (Class XX, Inter. 170).	FA	1	2		3							178
	SY		5		2					2	1	15
	H			3	2						1	146
Wound, gunshot, lower limb, "K" (Class XX, Inter. 170).	FA		4	4	2					6		256
	SY		4		1					3		158
	H			7	1			1		1	4	144
Wound, gunshot, lung "A" (Class XX, Inter. 170).	FA		1		1							7
	SY		2		1	1						34
Wound, gunshot, lung "B" (Class XX, Inter. 170).	SY		1							1		0
	H			1	1							23
Wound, gunshot, lung "E" (Class XX, Inter. 170).	SY		1				1					5
Wound, gunshot, lung "K" (Class XX, Inter. 170).	FA		1							1		71
	H			1							1	25
Wound, gunshot, neck "E" (Class XX, Inter. 170).	FA		1		1							10
Wound, gunshot, neck "K" (Class XX, Inter. 170).	FA			2						2		1
	H			2	1	1						19

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, gunshot, upper limb "B" (Class XX, Inter. 170).	FA		1		1							10
Wound, gunshot, upper limb "E" (Class XX, Inter. 170).	FA		5	1	2					4		120
	SY		4	2	1			1		4		67
	H	2		7	4			1		3	1	740
Wound, gunshot, upper limb "F" (Class XX, Inter. 170).	FA		2		2							15
Wound, gunshot, upper limb "K" (Class XX, Inter. 170).	FA		2	1						3		80
	SY		1							1		64
	H	1		4	1					1	3	141
Wound, gunshot, upper limb "L" (Class XX, Inter. 170).	SY			1	1							50
Wound, gunshot, unqualified "E" (Class XX, Inter. 170).	FA		6	1	5					2		51
	SY		2	2	2			1		1		40
	H	2		3	2		1			2		129
Wound, gunshot, unqualified "F" (Class XX, Inter. 170).	FA		1								1	3
	SY			1				1				0
	H	1								1		30
Wound, gunshot, unqualified "K" (Class XX, Inter. 170).	FA		1	2	1					2		41
	SY		1		1							18
	H	1		2	1			1			1	277
Wound, gunshot, unqualified "L" (Class XX, Inter. 170).	SY		1							1		0
	H			1	1							7
Wound, incised (main) artery or vein "L" (Class XX, Inter. 171).	H			1	1							62
Wound, incised, lower limb "G" (Class XX, Inter. 171).	FA		5		4					1		43
	SY		2		1					1		42
Wound, incised, lower limb "H" (Class XX, Inter. 171).	FA		3		3							30
Wound, incised, lower limb "I" (Class XX, Inter. 171).	FA		2		1					1		18
	H			1	1							134
Wound, incised, lower limb "J" (Class XX, Inter. 171).	FA		2		2							13
	SY		1		1							1
Wound, incised, lower limb "L" (Class XX, Inter. 171).	FA		28	2	28					1	1	197
	SY		13	1	11					3		82
	H			6	3						3	160
Wound, incised, neck "A" (Class XX, Inter. 171).	FA		1							1		0
	SY		1				1					0
	H			1		1						37
Wound, incised, neck "K" (Class XX, Inter. 171).	SY		1				1					0
Wound, incised, neck "L" (Class XX, Inter. 171).	SY		1		1							4
Wound, incised, pleura "B" (Class XX, Inter. 171).	SY		1							1		3
	H			1	1							52
Wound, incised, upper limb "A" (Class XX, Inter. 171).	SY		1							1		0
	H			1	1							30
Wound, incised, upper limb "B" (Class XX, Inter. 171).	FA		1		1							1
	H			2	2							74

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, incised, upper limb "E" (Class XX, Inter. 171).	SY		2		1						1	1
Wound, incised, upper limb "G" (Class XX, Inter. 171).	FA		4		4							37
Wound, incised, upper limb "H" (Class XX, Inter. 171).	FA		8		6					2		34
	SY		6		6							87
	H		2	1	3							93
Wound, incised, upper limb "I" (Class XX, Inter. 171).	FA		2		2							14
	SY		1		1							7
Wound, incised, upper limb "L" (Class XX, Inter. 171).	FA		90	2	82	1				6	3	636
	SY		25	2	21			2		4		121
	H	3	1	8	8	2				1	1	182
Wound, incised, unqualified "B" (Class XX, Inter. 171).	FA	1	4	1	5					1		88
	H			1	1							24
Wound, incised, unqualified "G" (Class XX, Inter. 171).	FA		9		9							48
Wound, incised, unqualified "H" (Class XX, Inter. 171).	FA		8		7					1		52
	H			2	1						1	22
Wound, incised, unqualified "I" (Class XX, Inter. 171).	FA		1		1							13
Wound, incised, unqualified "J" (Class XX, Inter. 171).	FA		1		1							4
Wound, incised, unqualified "L" (Class XX, Inter. 171).	FA	1	56	2	52	1				6		237
	SY		15	1	9					7		66
	H		1	16	12	3		1			1	434
Wound, lacerated, abdominal viscera "I" (Class XX, Inter. 186).	FA		1				1					18
Wound, lacerated, abdominal viscera "L" (Class XX, Inter. 186).	SY		1							1		0
	H			2	1	1						34
Wound, lacerated, brain "G" (Class XX, Inter. 186).	FA		1				1					0
Wound, lacerated, brain "L" (Class XX, Inter. 186).	FA		1							1		0
	H			2		1	1					0
Wound, lacerated, lower limb "G" (Class XX, Inter. 186).	FA		28		25	1				2		184
	SY		2		1					1		16
	H		1	1	2							52
Wound, lacerated, lower limb "H" (Class XX, Inter. 186).	FA		8		6					2		173
	SY		3		1					2		11
	H	1		3	4							246
Wound, lacerated, lower limb "I" (Class XX, Inter. 186).	FA		20		17					3		222
	SY		3	2	1					3	1	49
	H	1		6	4			1		1	1	408
Wound, lacerated, lower limb "J" (Class XX, Inter. 186).	FA		7	3	9					1		114
	SY		3		3							18
	H			2	2							46
Wound, lacerated, lower limb "L" (Class XX, Inter. 186).	FA	1	50		50						1	397
	SY		8	1	9							90
	H		2		1					1		14

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, lacerated, neck "A" (Class XX, Inter. 186).	FA	......	1	......	......	......	......	......	....	1	......	0
	H	......	......	1	......	......	......	1	....	......	......	46
Wound, lacerated, neck "L" (Class XX, Inter. 186).	FA	......	1	......	......	......	......	......	....	......	1	14
Wound, lacerated, upper limb "B" (Class XX, Inter. 186).	FA	......	1	1	1	......	......	......	....	1	......	14
Wound, lacerated, upper limb "E" (Class XX, Inter. 186).	FA	......	1	......	1	......	......	......	....	......	......	4
Wound, lacerated, upper limb "F" (Class XX, Inter. 186).	FA	......	6	......	6	......	......	......	....	......	......	62
Wound, lacerated, upper limb "G" (Class XX, Inter. 186).	FA	......	15	......	14	......	......	......	....	1	......	116
	SY	......	3	......	2	1	......	......	....	......	......	10
	H	1	......	2	3	......	......	......	....	......	......	97
Wound, lacerated, upper limb "H" (Class XX, Inter. 186).	FA	......	80	2	74	......	......	......	....	6	2	1,015
	SY	1	6	1	5	......	......	......	....	3	......	152
	H	3	......	8	4	......	......	4	....	1	2	557
Wound, lacerated, upper limb "I" (Class XX, Inter. 186).	FA	1	59	2	57	......	......	......	....	4	1	733
	SY	......	11	2	12	......	......	......	....	1	......	105
	H	......	......	4	2	......	......	1	....	1	......	117
Wound, lacerated, upper limb "J" (Class XX, Inter. 186).	FA	......	2	......	2	......	......	......	....	......	......	6
	SY	......	6	......	6	......	......	......	....	......	......	56
Wound, lacerated, upper limb "L" (Class XX, Inter. 186).	FA	1	101	2	92	......	......	......	....	5	7	863
	SY	......	20	1	17	1	......	......	....	2	1	194
	H	2	3	5	10	......	......	......	....	......	......	233
Wound, lacerated, unqualified "B" (Class XX, Inter. 186).	FA	......	2	......	1	......	......	......	....	1	......	20
	H	......	......	1	1	......	......	......	....	......	......	14
Wound, lacerated, unqualified "E" (Class XX, Inter. 186).	FA	......	3	......	3	......	......	......	....	......	......	2
	H	......	......	1	......	......	......	1	....	......	......	53
Wound, lacerated, unqualified "F" (Class XX, Inter. 186).	FA	......	5	......	3	......	......	......	....	2	......	12
	SY	......	2	......	2	......	......	......	....	......	......	9
	H	......	......	2	2	......	......	......	....	......	......	26
Wound, lacerated, unqualified "G" (Class XX, Inter. 186).	FA	......	47	......	41	......	......	......	....	6	......	186
	SY	......	14	1	13	......	......	......	....	2	......	70
	H	1	......	8	7	2	......	......	....	......	......	146
Wound, lacerated, unqualified "H" (Class XX, Inter. 186).	FA	......	41	1	38	......	......	......	....	3	1	287
	SY	......	6	......	4	......	......	......	....	2	......	83
	H	1	......	3	3	......	......	......	....	......	1	150
Wound, lacerated, unqualified "I" (Class XX, Inter. 186).	FA	2	27	......	26	......	......	......	1	2	......	179
	SY	......	6	......	6	......	......	......	....	......	......	49
	H	......	......	3	3	......	......	......	....	......	......	50
Wound, lacerated, unqualified "J" (Class XX, Inter. 186).	FA	......	7	......	6	......	......	......	....	1	......	23
	SY	......	7	......	7	......	......	......	....	......	......	37
	H	......	......	1	1	......	......	......	....	......	......	13
Wound, lacerated, unqualified "L" (Class XX, Inter. 186).	FA	1	186	2	171	......	......	......	....	17	1	829
	SY	......	31	1	26	......	......	......	....	5	1	188
	H	2	2	23	20	2	......	2	....	1	2	678
Wound, punctured, lower limb "G" (Class XX, Inter. 171).	FA	......	1	......	1	......	......	......	....	......	......	9
	H	......	2	......	2	......	......	......	....	......	......	64
Wound, punctured, lower limb "J" (Class XX, Inter. 171).	SY	......	1	......	1	......	......	......	....	......	......	2

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.												
Wound, punctured, lower limb "L" (Class XX, Inter. 171).	FA		44	2	41	1				4		222
	SY		14		12					2		97
	H		3	6	9							252
Wound, punctured, neck "L" (Class XX, Inter. 171).	SY		1		1							0
Wound, punctured, upper limb "G" (Class XX, Inter. 171).	FA		1		1							4
Wound, punctured, upper limb "H" (Class XX, Inter. 171).	FA		1		1							43
	SY		2		2							15
Wound, punctured, upper limb "I" (Class XX, Inter. 171).	FA		1		1							6
Wound, punctured, upper limb "L" (Class XX, Inter. 171).	FA		9		7					2		44
	SY		9		7					2		37
	H	2		4	5	1						214
Wound, punctured, unqualified "A" (Class XX, Inter. 171).	FA		1							1		0
	H			1		1						40
Wound, punctured, unqualified "B" (Class XX, Inter. 171).	SY		1								1	3
Wound, punctured, unqualified "E" (Class XX, Inter. 171).	FA		1		1							1
	SY		1	1	1					1		34
	H			1	1							44
Wound, punctured, unqualified "G" (Class XX, Inter. 171).	FA		5		3					2		36
	H			1	1							11
Wound, punctured, unqualified "J" (Class XX, Inter. 171).	SY		1		1							14
Wound, punctured, unqualified "L" (Class XX, Inter. 171).	FA		15	1	13					3		64
	SY		8		6					2		39
	H		1	9	7	1		1		1		312
POISONS.												
Insect sting "L" (Class XXI, Inter. 165A).	FA		2		1					1		2
	SY		5		5							30
	H			1	1							13
Poisoning by alcohol "L" (Class XXI, Inter. 56B).	FA		167	4	118	2				51		296
	SY		53	12	39	2	2			22		140
	H	3	13	77	70	12	3				8	902
Poisoning by fish "L" (Class XXI, Inter. 164).	FA		1							1		2
	SY		6		6							21
	H			1	1							38
Poisoning by fish venom "L" (Class XXI, Inter. 165A).	FA		3		3							27
	SY		1							1		2
	H			2	2							14
Poisoning by gasoline inhaled "L" (Class XXI, Inter. 168B).	FA		5		2					3		12
	H			3	3							38
Poisoning by illuminating gas "A" (Class XXI, Inter. 168B).	FA		2				1			1		0
	SY		2		1		1					0
	H			1	1							7
Poisoning by illuminating gas "L" (Class XXI, Inter. 168B).	FA		8		4		1			3		29
	SY		1				1					0
	H			4	2	1					1	19

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

Diagnosis.	PL.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
POISONS—Continued.												
Poisoning by lead, acute "L" (Class XXI, Inter. 165B).	FA		43	3	19	1				25	1	143
	SY		1	10	3	4				1	3	56
	H		2	25	14	8					5	467
Poisoning by lead, chronic "L" (Class XXI, Inter. 57B).	FA		23	2	15					10		145
	H	3	1	23	15	8		1			3	636
Poisoning by mercury, acute "A" (Class XXI, Inter. 165B).	FA		6		2	1				3		18
	SY		2							2		2
	H		1	7	6	2						65
Poisoning by mercury, acute "L" (Class XXI, Inter. 165B).	FA		2		1						1	2
	H	1	1	1	1	1	1					6
Poisoning by mercury, chronic "L" (Class XXI, Inter. 59).	FA		1		1							11
Poisoning by methyl alcohol "L" (Class XXI, Inter. 165B)	FA		2				1			1		0
	SY		1				1					0
	H			1			1					24
Poisoning by opium, acute "L" (Class XXI, Inter. 165B).	FA		2		1		1					3
	SY		1		1							3
Poisoning by opium, chronic "L" (Class XXI, Inter. 59).	FA		1							1		0
	H			1							1	25
Poisoning by phenol "A" (Class XXI, Inter. 165B).	FA		2				2					0
Poisoning by phenol "L" (Class XXI, Inter. 165B).	FA		1		1							9
	SY		1		1							1
Poisoning by tobacco, chronic "L" (Class XXI, Inter. 59).	FA		2		2							9
Poisoning, unqualified "A" (Class XXI, Inter. 165B).	FA		4				3			1		0
	H		1	1	1		1					6
Poisoning, unqualified "B" (Class XXI, Inter. 165B).	SY		1							1		0
	H			1	1							3
Poisoning, unqualified "L" (Class XXI, Inter. 165B).	FA		54	1	48	1				6		147
	SY		38	2	32		1			7		103
	H		2	20	15	6				1		133
Total for diseases	FA	242	25,278	3,397	22,093	202	43	139	3	6,200	237	111,224
	SY	110	11,107	1,686	7,663	198	15	438		4,412	177	63,901
	H	1,331	2,282	11,826	9,962	2,148	131	624	48	1,070	1,456	510,871
	All	1,683	38,667	16,909	39,718	2,548	189	1,201	51	11,682	1,870	685,996
Total for injuries and poisons	FA	41	4,485	175	3,835	36	66	2	1	694	67	31,124
	SY	19	1,406	137	1,042	21	30	28		418	23	9,250
	H	146	185	1,221	1,057	207	20	41		79	148	49,833
	All	206	6,076	1,533	5,934	264	116	71	1	1,191	238	90,207
Grand total for diseases, injuries, and poisons	FA	283	29,763	3,572	25,928	238	109	141	4	6,894	304	142,348
	SY	129	12,513	1,823	8,705	219	45	466		4,830	200	73,151
	H	1,477	2,467	13,047	11,019	2,355	151	665	48	1,149	1,601	560,704
	All	1,889	44,743	18,442	45,652	2,812	305	1,272	52	12,873	2,108	776,203

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1915*—Contd.

SUMMARY.

Summary and comparative rates with previous years.	For the year 1915.				Average entire service 10 years, 1905–1914.
	Force afloat.	Stations and yards.	Hospitals.	Entire service.	
Average complement	46,186	19,250	2,639	68,075	55,496
Number of cases treated (Rem, A, and RA)	33,618	14,465	16,991	65,074	48,332
Rate per 1,000 of complement	727.66	751.42	....	955.91	870.90
Deaths	109	45	151	305	282
Rate per 1,000 of complement	2.36	2.33	....	4.48	5.08
Invalided from service	141	466	665	1,272	1,442
Rate per 1,000 of complement	3.05	24.20	....	18.68	25.98
Total number of sick days	142,348	73,151	560,704	776,203	591,641
Rate per 1,000 of complement	3,082.05	3,800.05	....	11,402.17	10,660.96

DISTRIBUTION AMONG

TABLE 2.—*Table showing distribution of diseases and injuries among occupational rates, deaths and death rates, invalided from service and invalided*

Class No.	Class.[1]	Officers.		Artificers.				Miscellaneous force.	
		Navy and Marine.	Midshipmen.	Electricians.	Engine room.	Fire room.	All others.	Clerical.	Culinary.
	Average complement	3,963	894	2,312	3,805	11,501	2,078	1,545	3,975
1	Diseases of blood	1	0	0	0	4	2	1	0
	Rate per 1,000	0.25	....	....	....	0.34	0.96	0.64	....
2	Diseases of circulatory system	17	5	8	15	40	6	3	11
	Rate per 1,000	4.28	5.59	3.46	3.94	3.47	2.88	1.94	2.76
3	Diseases of digestive system	417	318	230	308	1,272	189	156	311
	Rate per 1,000	105.22	355.70	99.47	80.94	110.58	90.95	100.96	78.23
4	Diseases of ductless glands and spleen.	3	1	1	1	3	0	0	1
	Rate per 1,000	0.75	1.11	0.43	0.26	0.26	....	....	0.25
5	Diseases of ear	29	23	20	22	121	13	11	14
	Rate per 1,000	7.31	25.72	8.65	5.78	10.51	6.25	7.11	3.52
6	Diseases of eye and adnexa	32	104	16	28	97	22	12	21
	Rate per 1,000	8.07	116.33	6.92	7.35	8.43	10.58	7.76	5.28
7	Diseases of genito-urinary system (nonvenereal).	43	14	33	60	193	28	20	36
	Rate per 1,000	10.85	15.65	14.27	15.76	16.77	13.47	12.94	9.05
8	Diseases of infective type (nonvenereal).	485	629	256	337	1,392	227	160	381
	Rate per 1,000	122.38	703.57	110.72	88.56	121.02	109.23	103.55	95.84
9	Diseases of infective type (venereal).	31	1	270	469	2,418	248	191	646
	Rate per 1,000	7.82	1.11	116.78	123.25	210.22	119.34	123.62	162.51
10	Diseases of lymphatic system	7	3	10	25	94	14	3	21
	Rate per 1,000	1.76	3.35	4.32	6.57	8.17	6.73	1.94	5.28
11	Diseases of mind	8	2	4	7	15	11	2	7
	Rate per 1,000	2.01	2.23	1.73	1.83	1.30	5.28	1.29	1.76
12	Diseases of motor system	17	7	13	24	116	17	8	19
	Rate per 1,000	4.28	7.82	5.62	6.30	10.08	8.18	5.17	4.77
13	Diseases of nervous system	54	8	16	23	64	15	9	12
	Rate per 1,000	13.62	8.94	6.92	6.04	5.56	7.21	5.82	3.01
14	Diseases of respiratory system	133	56	65	79	274	51	50	78
	Rate per 1,000	33.56	62.63	28.11	20.76	23.82	24.54	32.36	19.62
15	Diseases of skin, hair, and nails.	22	20	16	31	133	24	13	31
	Rate per 1,000	5.55	22.37	6.92	8.14	11.56	11.54	8.41	7.79
16	Hernias	21	4	14	24	63	12	10	22
	Rate per 1,000	5.29	4.47	6.05	6.30	5.47	5.77	6.47	5.53
17	Miscellaneous diseases and conditions.	51	21	15	39	158	36	16	48
	Rate per 1,000	12.86	23.48	6.41	10.24	13.73	17.32	10.35	12.07
18	Parasites	8	4	21	19	96	15	12	50
	Rate per 1,000	2.01	4.47	9.08	4.99	8.34	7.21	7.76	12.57
19	Tumors	8	1	6	4	18	5	2	2
	Rate per 1,000	2.01	1.11	2.59	1.05	1.56	2.40	1.29	0.50
20	Wounds and other injuries	152	223	150	284	1,164	217	45	217
	Rate per 1,000	38.35	249.44	64.87	74.63	101.19	104.42	29.12	54.58
21	Poisons	15	1	11	33	111	40	15	12
	Rate per 1,000	3.78	1.11	4.75	8.67	9.65	19.24	9.70	3.01
22	Totals for all classes	1,554	1,445	1,175	1,832	7,846	1,192	739	1,940
	Rate per 1,000	392.12	1,616.33	508.21	292.24	682.20	573.62	478.31	488.04
23	Deaths	26	1	13	19	50	9	6	22
	Rate per 1,000	6.56	1.11	5.62	4.99	4.34	4.33	3.88	5.53
24	Suicides	1	0	1	2	2	3	2	0
	Rate per 1,000	0.25	....	0.43	0.52	0.17	1.44	1.29	....
25	Invalided from service	34	4	18	25	166	30	23	63
	Rate per 1,000	8.57	4.47	7.78	6.57	14.43	14.43	14.88	15.84
26	Total sick days	38,301	8,589	23,463	40,927	133,823	25,335	14,200	43,579
27	Damage[2]	134.91	26.02	79.77	134.12	474.57	88.90	53.39	161.87

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[1] For classes, see table in preface to statistics.

OCCUPATIONAL GROUPS.

groups of the personnel for the calendar year 1915, by classified admissions and admission rates, suicides and suicide rates, sick days, and the computed damage.

Miscellaneous force.				Seaman branch.			Totals for all occupations.					Class No.
Hospital.	Marines.	Musicians.	Prisoners.	Apprentices.	Ordnance.	All others.	Number.	Deaths.	Invalided from service.	Sick days.	Damage.[2]	
1,584	9,620	1,483	656	2,991	2,291	19,377	68,075					
1	5	0	0	0	1	5	20	2	0	574	2.25	1
0.63	0.51				0.43	0.25	0.29	0.02				
9	48	3	4	31	5	60	265	20	85	12,896	87.40	2
5.68	4.98	2.02	6.09	10.36	2.18	3.09	3.89	0.29	1.24			
224	926	114	79	1,105	139	2,003	7,791	22	39	92,466	283.62	3
141.41	96.25	76.87	120.42	369.44	60.67	103.36	114.44	0.32	0.57			
1	4	2	0	5	2	7	31	3	16	1,185	12.43	4
0.63	0.41	1.34		1.67	0.87	0.36	0.45	0.04	0.23			
13	94	10	4	133	19	168	694	0	84	15,619	84.65	5
8.20	9.77	6.74	6.09	44.46	8.29	8.66	10.19		1.23			
15	87	8	8	94	16	134	694	0	78	12,930	74.22	6
9.47	9.01	5.39	12.19	31.42	6.98	6.91	10.19		1.14			
23	194	18	45	174	26	299	1,206	13	93	27,065	127.90	7
14.51	20.16	12.13	68.59	58.17	11.34	15.42	17.75	0.19	1.36			
227	1,464	129	71	2,202	155	2,584	10,699	63	140	196,739	640.10	8
143.30	152.18	86.98	108.23	736.20	67.65	133.35	157.16	0.92	2.05			
97	1,713	152	20	246	208	3,608	10,318	3	97	150,939	463.22	9
61.23	178.06	102.49	30.48	82.24	90.78	186.19	151.56	0.04	1.42			
10	92	5	0	25	7	134	450	0	0	11,824	32.39	10
6.31	9.56	3.37		8.35	3.05	6.92	6.60					
5	22	2	0	29	4	72	190	5	123	15,545	106.23	11
3.15	2.28	1.34		9.69	1.74	3.71	2.79	0.07	1.80			
8	128	4	12	112	3	108	596	0	164	17,600	129.90	12
5.05	13.30	2.69	18.29	37.44	1.30	5.57	8.75		2.40			
4	82	17	0	39	5	83	431	7	121	15,774	106.86	13
2.52	8.52	11.46		13.04	2.18	4.28	6.32	0.10	1.77			
79	293	33	16	786	37	461	2,491	24	61	51,865	184.30	14
49.87	30.45	22.25	24.38	262.78	16.14	23.78	36.59	0.35	0.89			
21	166	10	34	46	17	182	766	0	10	12,915	40.14	15
13.25	17.25	6.74	51.82	15.37	7.41	9.39	11.25		0.14			
11	41	7	6	30	11	78	354	1	30	17,811	64.11	16
6.94	4.26	4.72	9.14	10.03	4.80	4.02	5.19	0.01	0.44			
15	90	7	8	147	28	186	865	1	54	19,074	79.48	17
9.47	9.35	4.72	12.19	49.14	12.22	9.59	12.70	0.01	0.79			
7	195	13	5	46	20	183	694	1	0	9,211	25.57	18
4.41	20.27	8.76	7.62	15.37	8.72	9.44	10.19	0.01				
1	19	2	3	13	7	21	112	3	6	3,964	14.94	19
0.63	1.97	1.34	4.57	4.34	3.05	1.08	1.64	0.04	0.08			
58	702	52	30	531	143	1,643	5,611	116	70	86,575	329.77	20
36,61	72.97	35.06	45.73	177.53	62.41	84.78	82.42	1.70	1.02			
13	91	7	0	6	16	94	465	21	1	3,632	20.50	21
8.20	9.45	4.72		2.00	6.98	4.85	6.82	0.30	0.01			
842	6,456	595	345	5,800	869	12,113	44,743	305	1,272	776,203	2,914.55	22
531.56	671.10	401.20	525.91	1,939.15	379.30	625.12	657.26	4.47	18.68			
5	48	2	2	17	23	62	305					23
3.15	4.98	1.34	3.05	5.68	10.03	3.19	4.47					
3	4	0	0	1	0	2	21					24
1.89	0.41			0.33		0.10	0.30					
27	262	14	9	373	12	212	1,272					25
17.05	27.23	9.44	13.71	124.70	5.23	10.94	18.68					
16,968	110,804	10,630	11,148	82,991	20,276	195,161	776,203					26
62.47	458.50	37.11	36.03	422.37	73.03	671.58	2,914.55					27

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[2] Damage is in terms of individuals whose loss of service by sickness, discharge from service, or death would be represented as continuous throughout the year.

DEATHS.

TABLE 3.—*Casualties in the Navy and Marine Corps during the calendar year 1915.*

Cause.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES.					
Abscess of brain	3		2		1
Abscess of liver	2		1		1
Abscess, unqualified	1		1		
Acidosis, nondiabetic	1		1		
Aneurysm	3		2		1
Apoplexy	3	1		1	1
Appendicitis, acute	6	2	4		
Appendicitis, chronic	1		1		
Arteriosclerosis, general	1			1	
Carbuncle	1		1		
Carcinoma	2		2		
Cerebrospinal fever	4	1	3		
Cirrhosis of liver, atrophic	1				1
Dementia paralytica	5		4		1
Dilatation, acute cardiac	3		3		
Diphtheria	1		1		
Dysentery, bacillary	1		1		
Dysentery, endamebic	1				1
Dysentery, unclassified	1		1		
Erysipelas	2		2		
Gangrene of lung	1				1
Glioma	1		1		
Goiter	1		1		
Gonococcus infection, unqualified (endocarditis)	1		1		
Hemorrhage into cerebrum	1				1
Hernia, internal	1		1		
Hodgkin's disease	1		1		
Leukemia	2	1	1		
Malaria	3	1	1		1
Measles	3		3		
Meningitis, cerebral	1		1		
Myocarditis, chronic	2		2		
Nephritis, acute	5		5		
Nephritis, chronic interstitial	5	1	4		
Nephritis, chronic parenchymatous	3		3		
Obstruction, acute intestinal	2	1	1		
Pancreatitis, acute	1	1			
Pancreatitis, chronic	1	1			
Pericarditis	2	1	1		
Peritonitis, acute general	5		4		1
Pleurisy, suppurative	1				1
Pneumonia, broncho	7		6		1
Pneumonia, lobar	15	1	10		4
Poliomyelitis, acute anterior	1	1			
Septicemia	5		4		1
Smallpox	1		1		
Splenitis, chronic interstitial	1		1		
Syphilis	3		3		
Tuberculosis, acute bronchopneumonic	2		2		
Tuberculosis, chronic pulmonary	32	1	24		7
Tuberculosis, acute pulmonary miliary	1		1		
Tuberculosis, unqualified	1		1		
Typhoid fever	1		1		
Typhus fever	1		1		
Ulcer of stomach	4	1	3		
Valvular disease, chronic cardiac	7		6		1
Total	168	15	125	2	26
INJURIES.					
Burns, multiple "C"	1		1		
Burns, multiple "F"	15		15		
Compression of chest "I"	2		2		
Decapitation "L"	1		1		
Drowning "A"	1		1		
Drowning "D"	51	4	40		7
Fracture of pelvis, simple "H"	1				1
Fracture of skull, compound "A"	1				1
Fracture of skull, compound "B"	1		1		
Fracture of skull, compound "G"	5	2	3		
Fracture of skull, compound "I"	2	1	1		
Fracture of skull, compound "L"	1		1		
Fracture of skull, simple "G"	2		1	1	

TABLE 3.—*Casualties in the Navy and Marine Corps during the calendar year 1915*—Continued.

Cause.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
INJURIES—continued.					
Fracture of skull, simple "J"	1				1
Fracture of vertebra, simple "G"	2				2
Fracture of vertebra, simple "I"	1				1
Heat exhaustion "L"	1		1		
Intracranial injury "G"	2		2		
Intracranial injury "J"	1		1		
Multiple injuries, extreme "H"	2		2		
Multiple injuries, extreme "L"	2	1	1		
Strangulation "A"	2		2		
Wound, gunshot, abdominal viscera "A"	3		2		1
Wound, gunshot, abdominal viscera "K"	1		1		
Wound, gunshot, brain "A"	5		4	1	
Wound, gunshot, brain "K"	2		1		1
Wound, gunshot, lung "E"	1		1		
Wound, gunshot, unqualified "E"	1		1		
Wound, incised, neck "A"	1				1
Wound, incised, neck "K"	1				1
Wound, lacerated, abdominal viscera "I"	1		1		
Wound, lacerated, brain "G"	1		1		
Wound, lacerated, brain "L"	1		1		
Total	116	8	89	2	17
POISONS.					
Poisoning by alcohol "L"	5		3		2
Poisoning by illuminating gas "A"	2		2		
Poisoning by illuminating gas "L"	2		1		1
Poisoning by mercury, acute "L"	1				1
Poisoning by methyl alcohol "L"	3		3		
Poisoning by opium, acute "L"	1		1		
Poisoning by phenol "A"	2		1		1
Poisoning, unqualified "A"	4		4		
Poisoning, unqualified "L"	1		1		
Total	21		16		5
Grand total diseases, injuries, and poisons	305	23	230	4	48

INVALIDED FROM SERVICE.

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1915.*

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES.					
Abscess, unqualified	2				2
Adhesions about stomach	1		1		
Adhesions of peritoneum	9		7		2
Amblyopia	5	1	4		
Amputation stump	10		10		
Anemia of brain	1				1
Aneurysm	3	1	1		1
Ankylosis of joint	4		3		1
Aphasia	1	1			
Arterial sclerosis, general	2		1		1
Arthritis, chronic	6		5		1
Arthritis, deformans	1		1		
Asthma	6	1	4		1
Astigmatism	10	1	5		4
Atrophy of muscle	2		2		
Atrophy of optic nerve	1		1		
Atrophy of testicle	2		1		1
Balanoposthitis	1		1		

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1915*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Blepharitis	2		1		1
Bronchiectasis	1		1		
Bronchitis, chronic	22		21		1
Bursitis, chronic	1		1		
Carcinoma	1		1		
Caries of tooth	6		5		1
Cataract	1				1
Cholecystitis, chronic	2		1		1
Chorea	3		2		1
Choroiditis	2		1		1
Cicatricial contraction	1		1		
Cicatrix of skin	1		1		
Clavus	2				2
Color blindness	6		6		
Constipation	1		1		
Constitutional inferiority	36		27		9
Constitutional psychopathic state	11	1	10		
Contracture of muscle, fascia, tendon, or sheath	5		4		1
Curvature of spine	3		3		
Dacryocystitis	1		1		
Deafness	16	1	15		
Deformity of nose, acquired	1		1		
Dementia paralytica	5		4		1
Dementia precox	46		33		13
Deviation of nasal septum	9		9		
Diabetes insipidus	3		2		1
Diabetes mellitus	8		8		
Diagnosis undetermined	1			1	
Diphtheria	1		1		
Dystrophy, progressive muscular	1				1
Eczema	2		2		
Endocarditis, acute	4		4		
Endocarditis, chronic	6		4		2
Epilepsy	51		39		12
Epilepsy, Jacksonian	1		1		
Eustachian salpingitis, chronic	2		2		
Fermentation, gastric	1				1
Fibroma	1		1		
Fistula of kidney	1		1		
Gastritis, chronic catarrhal	4		2		2
Gastroptosis	1				1
Genu valgum	1		1		
Goiter	11		10		1
Gonococcus infection of conjunctiva	2		1		1
Gonococcus infection of joints	21		19		2
Gonococcus infection of urethra	11		11		
Gonococcus infection, unqualified	3		3		
Hallux valgus	7		7		
Hammertoe	15		12		3
Headache	2		1		1
Hemorrhage into cerebrum	1		1		
Hemorrhage into retina	1		1		
Hemorrhoids	3		2		1
Hernia, femoral	3		3		
Hernia, inguinal	20	1	13		6
Hernia, ventral	7	2	3		2
Hodgkin's disease	1		1		
Hydrocele of tunica vaginalis	1		1		
Hypermetropia	4		3		1
Hypertrophy of bone	3		3		
Hypertrophy of mammary gland	1		1		
Hypertrophy of tonsil	3		3		
Hypochondriasis	1		1		
Hysteria	7		5		2
Imbecility	1		1		
Incontinence of urine	4		4		
Insufficiency of ocular muscle	1				1
Iritis	1		1		
Laryngitis, chronic	1				1
Leukoma	1		1		
Locomotor ataxia	1		1		
Loose body in joint	1				1
Malaria	1		1		
Malformations, congenital	7		7		
Mastoiditis, acute	1		1		

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1915*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Mastoiditis, chronic	1		1		
Masturbation	1		1		
Ménière's disease	1		1		
Meningitis, cerebrospinal	1		1		
Metatarsalgia	1		1		
Migraine	1		1		
Myocarditis, chronic	3		2		1
Myopia	12		7		5
Myotonia, congenital	1				1
Nausea marina	4		4		
Nephritis, acute	3		3		
Nephritis, chronic interstitial	11	2	8	1	
Nephritis, chronic parenchymatous	11		8		3
Nephrolithiasis	1		1		
Neurasthenia	31	2	24		5
Neuritis	8	2	3		3
Neuritis, multiple	1		1		
Neuritis, optic	1		1		
Neurosis of bladder	46		34		12
Neurosis, traumatic	1		1		
No disease	1		1		
Nystagmus	1		1		
Orchitis, chronic	2		1		1
Osteoma	2		1		1
Otitis interna, chronic	2		2		
Otitis media, acute	2		2		
Otitis media, chronic	60	4	52		4
Ozena	2		2		
Pachymeningitis, spinal	1		1		
Paralysis, muscle, ischemic	1				1
Paralysis of nerve	1		1		
Paralysis of ocular muscle	1				1
Paranoiac state	1				1
Perforated nasal septum	2		2		
Pes planus	97		59		38
Phlebitis	3		2		1
Pleurisy, chronic fibrinous	3		2		1
Pleurisy, suppurative	6		6		
Pleuritic adhesions	1				1
Pneumonia, lobar	2		2		
Presbyopia	2		2		
Prolapse of rectum	1				1
Psoriasis	2		2		
Psychasthenia	14		9		5
Psychosis due to organic brain disease	2				2
Psychosis, hysterical	3		2		1
Psychosis, intoxication	1		1		
Pterygium	1		1		
Pyelitis	1				1
Pyelonephritis	2	1			1
Rheumatic fever, acute	6		4		2
Rheumatic fever, subacute	3		2		1
Rheumatism, chronic articular	9		7		2
Rheumatism, muscular	2		1		1
Rhinitis, atrophic	3		3		
Scleritis	1		1		
Sclerosis, disseminated	2		1		1
Senility	7		6		1
Sinus	1		1		
Sinusitis, frontal	2		2		
Somnambulism	1		1		
Splenitis, chronic interstitial	1		1		
Stammering	2				2
Stuttering	2		2		
Syphilis	60		50		10
Tachycardia	6		5		1
Talipes	4		3		1
Thrombosis	2		2		
Thyroiditis, acute	1		1		
Thyroiditis, chronic	2		2		
Trachoma	24		23		1
Tuberculosis, abdominal	1		1		
Tuberculosis, acute pneumonic	3	1	2		
Tuberculosis, acute pulmonary miliary	1		1		
Tuberculosis, chronic pulmonary	114	11	77		26

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1915*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Tuberculosis of joint	2		2		
Tuberculosis of pleura	1				1
Tuberculosis of spinal column	1		1		
Tuberculosis, unqualified	3		3		
Ulcer of bladder	1		1		
Ulcer of duodenum	1				1
Ulcer of rectum	1		1		
Ulcer of skin	1		1		
Ulcer of stomach	2		1		1
Uncinariasis	1		1		
Union of fracture, faulty	13		11		2
Valvular disease, chronic cardiac	52	1	45		6
Varicocele	4		3		1
Varix	7	1	4		2
Vertigo	2		2		
Total	1,201	35	919	2	245
INJURIES.					
Burns, multiple	1		1		
Contusion	5		2		3
Crush of lower limb	1		1		
Crush of upper limb	2		1		1
Dislocation of elbow	1				1
Dislocation of intra-articular cartilage of joint	1				1
Dislocation of shoulder	1		1		
Fracture about ankle joint, simple	2		2		
Fracture of clavicle, simple	1		1		
Fracture of femur, simple	1				1
Fracture of forearm, simple	1				1
Fracture of humerus, simple	1				1
Fracture of leg, compound	5		4		1
Fracture of skull, compound	4		3		1
Fracture of skull, simple	2		2		
Fracture of vertebra, simple	1		1		
Fracture, unqualified, simple	5		4		1
Intracranial injury	3	1	2		
Rupture of globe	1		1		
Rupture of ligament	1				1
Rupture of muscle	1		1		
Sprain of joint	3		1		2
Synovitis, traumatic	6		5		1
Wound, gunshot, lower limb	1		1		
Wound, gunshot, upper limb	2				2
Wound, gunshot, unqualified	3				3
Wound, incised, upper limb	2				2
Wound, incised, unqualified	1				1
Wound, lacerated, lower limb	1		1		
Wound, lacerated, neck	1		1		
Wound, lacerated, upper limb	5		5		
Wound, lacerated, unqualified	3		3		
Wound, punctured, unqualified	1		1		
Total	70	1	45		24
POISONS.					
Poisoning by lead, chronic	1		1		
Grand total, diseases, injuries, and poisons	1,272	36	965	2	269

DENTAL WORK.

TABLE 5.—*Summary of dental work performed during the calendar year 1915.*

Character of work performed.	Number.	Character of work performed.	Number.
Abscesses treated	1,799	Root canals filled	7,537
Bridges (made, removed, repaired, and reset)	198	Teeth extracted	6,517
Calculus removed	7,634	Teeth filled:	
Crowns (made, removed, repaired, and reset)	503	Amalgam	18,699
Fractured maxillæ treated	27	Cement	9,665
Gums lanced	833	Gold	35
Necrosed maxillæ treated	3	Gutta-percha	5,495
Pulp capped	317	Tin	1
Pulp devitalized	3,806	Teeth regulated	112
Pulp extirpated	5,820	Treatment other than specified above (cases)	20,874
Pyorrhea alveolaris (cases treated)	1,776	Total	91,651

FINANCIAL.

TABLE 6.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1916.*

Hospital at—	Total cost of maintenance.	Subsistence.	Maintenance per diem.	Subsistence per diem.
		Days.		
Annapolis, Md	$31,995.84	27,011	$1.184	$0.544
Canacao, P. I	51,295.41	38,886	1.3191	.57
Chelsea, Mass	62,758.98	69,856	.898	.475
Great Lakes. Ill	29.124.29	35,744	.812	.3858
Guam	23,989.74	16,372	1.465	.891
Las Animas, Colo	137,554.11	129.408	1.062	.5289
Mare Island, Cal	99,404.87	128,682	.7724	.4632
Narragansett Bay, R. I	57,544.11	66,616	.865	.498
New York, N. Y	100.144.79	91,570	1.093	.5055
Norfolk, Va	99,897.42	118.095	.845	.462
Olongapo, P. I	23,053.37	25.597	.906	.492
Philadelphia, Pa	76,088.66	84,699	.898	.422
Port Royal, S. C	9.469.94	8,790	1.077	.446
Portsmouth, N. H	39.277.51	35,000	1.122	.574
Puget Sound, Wash	35.533.63	32.650	1.0883	.5243
Washington, D. C	58,035.61	55,050	1.054	.631
Yokohama, Japan	4,783.61	3,167	1.51	.44

TABLE 7.—*Statement of the activities of naval medical supply depots.*

	Number of requisitions.	Value of requisitions filled.
New York, N. Y	1,361	$300,780.66
Mare Island, Cal	358	58,643.29
Canacao, P. I	137	11,686.03

TABLE 8.—*Statement of the naval hospital fund.*

The condition of the fund is as follows:

Balance on hand July 1, 1915	$34,761.44
Transferred to credit since July 1, 1915	1,169,651.76
Total	1,204,413.20
Expended since July 1, 1915	781,885.32
Balance on hand June 30, 1916	422,527.88

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BUREAU OF MEDICINE AND SURGERY

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Surgeon General, U. S. Navy

CHIEF OF THE BUREAU OF MEDICINE AND SURGERY

TO THE

SECRETARY OF THE NAVY

FOR THE FISCAL YEAR

1917

WASHINGTON
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REPORT

OF THE

SURGEON GENERAL, UNITED STATES NAVY.[1]

DEPARTMENT OF THE NAVY,
BUREAU OF MEDICINE AND SURGERY,
WASHINGTON, D. C., *October 1, 1917.*

To: Secretary of the Navy.
Subject: Annual report for fiscal year 1917.

The following report of the activities of the bureau is submitted.

PERSONNEL.

MEDICAL CORPS.—The administration of the medical department has long been hampered by numerically insufficient personnel. A ready illustration of this is afforded by the necessity which the bureau has been under for a number of years of delegating to physicians under a temporary appointment with no experience at sea a considerable portion of the examining work at recruiting offices. However able and conscientious these physicians may be, they necessarily labor under the disadvantage of being unacquainted with practical service conditions; with the physical, mental, and moral environment which will surround the recruit and infallibly affect his performance of duty at sea and which should be considered in determining his ability to undertake it.

Again every battleship should in times of peace have two medical officers because duty on courts, boards, inspections interfere with routine duties; because cases constantly arise demanding mutual aid and consultation; because medical officers, like other men, get sick and require leave. To-day our hospital staff must comprise men specially trained in bacteriology, diseases of special organs, Roentgenology, surgery, diagnosis. Outlying stations like Guam, Samoa, the newly acquired Virgin Islands, and territories of military occupation like Haiti and Santo Domingo require medical officers not only to minister to the personnel of the service, but to care for the native populations, too often without capable physicians of their own and laboring under handicaps of poverty and prejudice as well as of ignorance and indifference.

In view of what has gone before and of reiterated statements in the past to the same effect, the material increase in total personnel of the Navy and Marine Corps, and the reapportionment of grades and ranks in line and in Staff Corps as established by the act of August 29, 1916, affords relief to a trying and embarrassing situation.

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[1] All statistics cover the calendar year 1916.

The closing months of the fiscal year 1917 have seen an increase of the activities of this bureau without parallel in its history. They were proportionate to the general expansion of work in all departments of the Government service and to the universal interest and widespread efforts at cooperation manifested by individuals and by societies in civil life for the welfare of the naval service. But even before the demands made by a state of war increased a hundredfold the work of the Medical Department the demands of the increased personnel had thrown a heavy burden on the bureau and its agents in hospitals and navy yards, on foreign stations, on board ship, at recruiting stations, on examining boards, etc. Less conspicuous but equally important is the fact that each year sees medicine and surgery approaching the goal of its highest ambition and more entitled to discharge its functions on a scientific basis, with the result that all branches of the Medical Department of the Navy must advance and enlarge. Medical officers require longer and better training as the field of knowledge widens and must be increased in numbers as specialized services are increasingly required. The same is true of nurses and hospital corpsmen. Stores, medicines and appliances must be constantly brought up to date, hospital facilities must be of more elaborate character, provision for the adequate care of the sick and wounded afloat becomes ever a more exacting problem. Prevention of disease is the cry of the hour, but inoculations and vaccinations are the least potent measure to this end and do not compare in value with efforts both direct and indirect to improve the conditions of daily life. Food, bedding, berthing, ventilation, heating, exercise, recreation and all the conditions under which labor is performed must be made adequate to the needs of the human animal. The difficulty of obtaining improvements seems to increase rather than diminish with the increased necessity for them, owing to the speed and complexity of modern life and endeavor. Above all stands the necessity for the dissemination of elementary knowledge of hygienic requirements and an appreciation of their importance among nonmedical men, so that they will be willing to apply them *before instead of after* the epidemic and the ravages of death. And so, in season and out of season, by direct appeal and open agitation and by circuitous measures and tactful pressure through the power of personal influence, military and civilian officials must be instructed and the ever-fresh instrumentalities required must be sought.

Prior to the passage of the above act the authorized strength of the Medical Corps was 345, and this number had not been filled at that time. The increase provided for an immediate allowance of over 600, with a permanent increase, at the discretion of the President of the United States, to over 800. This latter figure has, by Executive order, been made permanent, and by the act of May 22, 1917, a considerable further temporary increase has been authorized. The above computations are based upon the authorized allowance of sixty-five one-hundredths of 1 per cent of the total authorized number of the officers and enlisted men of the Navy and Marine Corps, including midshipmen, Hospital Corps, prisoners undergoing sentence of discharge, enlisted men detailed for duty with the Naval Militia, and the Flying Corps.

It was evident at the time of the initial increase indicated above that a very energetic campaign would be necessary to secure desirable candidates to fill these immediate and prospective vacancies.

The fundamental objection, the one operating most effectually to keep men from choosing the Medical Corps of the Navy for a life work, is the inevitable separation from home and family necessitated by sea service. Candidates for the Naval Academy are younger by many years than the average graduate in medicine and are less deterred by such considerations, but the doctor is already married, or contemplating marriage, and has a somewhat larger view of life. In the second place, the rising standard of professional attainments is reducing the number of practitioners in this country; the longer and severer preparation required for a diploma and license leads men to demand larger rewards in emoluments, reputation, and opportunities in return for the time and money and labor expended in college. Finally there is more generally present than might appear on the surface a disinclination to enter into a contract with the Government, based on the fear that, while the Government may be exacting with the individual, the individual is not in a position to compel the Government to keep its contract, and that the legitimate hopes and expectations of years of service may end in disappointment and no opportunity for redress.

Every medical graduate in the country within the legal age limits for the Medical Corps was reached by circulars from this bureau describing the advantages and activities of a medical career in the Navy. Not only was an energetic propaganda undertaken in all the larger medical centers, in medical schools and in hospitals, but the American Medical Directory, containing the names of over 145,000 physicians resident in the United States, was thoroughly and completely utilized in the successful effort to reach all the above-mentioned eligibles. In response to a request from this bureau, the deans of all Class A medical schools furnished lists of their senior students to the number of about 2,300, and to these also the advantages offered by the Navy were presented.

Despite all these efforts, it seemed that results would be far from commensurate with the thought and material expended, but later developments showed that this sowing was to provide an abundant harvest when the crop would most be needed, and this was particularly true regarding the publicity campaign among the senior students.

Early in this year the Secretary of the Navy addressed letters to all the State boards of licensure requesting that they approve the advance graduation of selected medical students who would be recommended for enrollment in the Naval Reserve Force with a view to subsequent examinations for appointment in the Medical Corps of the Navy. An immediate response in the affirmative was received, extending enthusiastic and patriotic cooperation, and with a like spirit upon the part of the deans and faculties of all the Class A medical colleges, special examinations were arranged for these selected students. Upon certificate by the respective deans that the students whose names were submitted had attained the high mark of 85 per cent during their entire stay in the institution, the inference was accepted by this bureau that sufficient evidence was carried thereby to guarantee unusual qualifications, training, theoretical and clinical knowledge, and aptitude. Careful physical examinations were necessary, however, which regrettably eliminated many candidates most desirable from the professional standpoint. Three hundred and twenty-nine officers were obtained in this way for the Naval Reserve Force. All have recently been reexamined for commissions in the Medical Corps of the Navy, and about 70 per cent have been found qualified and recommended for commissions as assistant surgeons, United States Navy. To reiterate, not only are these officers products of our best schools, but they are the cream of their respective institutions, inasmuch as this opportunity was offered only to students who had shown themselves exceptionally qualified by the character of the work performed and the excellence of the marks attained during their entire course of study.

This step represented a radical departure from previous practice and was not taken without due deliberation. The need of the moment was for an immediate accession to the corps of large numbers of qualified men in whom possible deficiencies on the practical side of their profession could be supplemented in the service *pari passu* with the acquisition of that knowledge of administrative measures and service requirements without which even great professional ability is largely reduced. Especially is this true in handling the sick and wounded of war. It is not enough to do brilliant operations. The sick must be quartered, subsisted, and transported by the most approved sanitary methods. If they die, certain forms have to be observed. Records of disability from sickness and wounds must be accurately kept in order to do justice to the individual and to the Government in regard to retirements and pensions. There are innumerable details to be attended to, an ignorance of which entails confusion and disaster.

The naval profession is a highly technical one, including many specialties, of which the work of the Medical Department with its own specialties is but one. The efficient conduct of the affairs of the Medical Department is dependent upon a thorough appreciation of the naval profession as a whole and an intimate knowledge of the principles and practice of naval administration and discipline, as much as upon the principles and practice of medicine. Every measure adopted and every scheme proposed is intimately connected with the military side of the situation, and the greater the scope of an undertaking the more likely it is to be modified by military necessities which only those can appreciate who in addition to their medical training have had experience or special instruction in the routine methods of the military organization.

Many recent graduates do not offer for service appointments because of exaggerated ideas of the requirements. Others are afraid that failure to pass may be prejudicial to their reputation in the community where they begin to practice. Many have not the time nor the funds necessary for attendance on the examining boards, in view of the possibility of failure to pass. There are many advantages, from the employer's standpoint, in times of emergency, in securing the recent graduate. So great is the insistence to-day on the value of hospital experience and so limited is the relative number of available internships that many a graduate intending to do general practice will seize with alacrity a chance to give a year to pediatrics, gynecology, psychiatry, or obstetrics rather than enter on his profession and solicit patronage without a record of hospital service behind him. Such work is not without value to a man who later enters the Navy, but it involves a misuse of time and energy when there is an urgent call for medico-military service.

Spurred by the stimulus provided by the outbreak of hostilities and guided by the educational propaganda of the past year, the medical profession has made proffers of service that have more than satisfied the needs of the Medical Department of the Navy. Exclusive of the above-mentioned accession, the Naval Reserve Force has at present a total of some 800, which with the 760 officers of the Medical Corps (commissioned or recommended for commission), 94 members of the Medical Reserve Corps, 114 retired officers, 23 acting assistant surgeons, and 86 medical officers of the Naval Militia and the National Naval Volunteers affords a total of 1,800 officers available for duty of one kind or another. Outstanding permits extending authority to appear for examination number 150, and applications are being constantly received and filed for future reference and use.

As the above increase has presented itself as practically one increment, it has been found impossible to put those young officers who were prospective candidates for the permanent service (i. e., Medical Corps) through the Naval Medical School in one class. We have, therefore, with the enthusiastic assistance of the teaching staffs of the medical colleges of our larger centers, instituted courses of instruction for these officers in Boston, New York, Philadelphia, Chicago and San Francisco, as well as at the Naval Medical School, Washington, D. C. In addition ample bedside, clinical, and operative work is furnished by our naval hospitals, supplementing the above. We are thus at a very rapid rate converting this material, of excellent professional training but unused to Navy routine, into medical officers of initiative and self-reliance who will be well qualified for independent duty when the necessity arises.

It is fitting to speak here of the loyalty and patriotism displayed by officers of the Medical Reserve Corps. In most instances they are already men of eminence in their profession, or on the way to become so, with valuable hospital connections and extensive practice. They have cheerfully sacrificed their personal interests to the good of the service and thrown themselves unreservedly into the work demanded by the Navy, often at no small cost of time and labor.

Dental Corps.—As mentioned in my report of last year, the act of August 29, 1916, provided an ample and justifiable increase in the number of officers in the Dental Corps, based upon the total authorized enlisted strength of the Navy and Marine Corps. This provides an authorized total for permanent appointment of 104. Offers of service for dental duty in the present emergency have been, relatively, even more numerous than offers of medical assistance. Examinations for the regular service have been held in this city, and at the navy yard, Mare Island, Cal., with the result that over 80 officers are now commissioned or recommended for commission as dental surgeon, probationary appointment, United States Navy. From the number of applications that are being received it is not doubted that the corps will soon be filled to the authorized limit.

A very large number of proffers of service for duty with the Naval Reserve Force has been received, and as many men as could profitably be accepted are now on duty. Considerable difficulty has been experienced in acquiring the necessary dental equipment for these officers and, as this becomes more available, the offers of service which are now on file will receive favorable consideration.

AMERICAN RED CROSS.—This bureau has on detail with the American Red Cross, Medical Inspector T. W. Richards, United States Navy, as assistant director general of military relief. Dr. Richards has most ably handled the formation of the commissioned and enlisted personnel of the various Navy base hospital units and the naval station hospital units.

Five large Navy base hospital units have been manned and equipped through the generous aid of the Red Cross, numbered from 1 to 5, respectively, at New York, San Francisco, Los Angeles, Providence, and Philadelphia.

Ten smaller units for duty with the new temporary hospital construction at our naval hospitals and stations have also been provided, or are being provided. The most eminent talent in each one of these large centers has been utilized, and a most valuable adjunct to the regular corps thereby established.

The commissioned personnel to properly administer these hospitals has been enrolled in the Naval Reserve Force upon recommendation of the Red Cross and, to the extent of approximately 120, is included in the total figures given above, being necessarily deductible therefore from the list of those available for general detail.

The outbreak of war aroused the patriotic feelings of the women of the country and they sought at once a practical outlet for their energy in measures to give comfort and aid to the men joining the colors and to further the organized work of the Government.

Through the instrumentality of the American Red Cross occupation has been found for thousands of women by employing them in the confection of standard surgical dressings. The Bureau of Medicine and Surgery accepted an offer from this source to supply fleets and hospitals with surgical dressings, the Government paying for the material and the pupils under instruction at Red Cross centers giving their time and labor without charge.

While the Medical Department of the Navy was not without its own resources in these requirements, the offer was gladly accepted as it permitted our nursing force (Nurse Corps and Hospital Corps) to devote its time to other urgent work. The large accessions to the Hospital Corps referred to elsewhere include many untrained men in need of special instruction along many lines and it is a real economy of time and effort to have dressings made up by voluntary workers outside the service so that the new hospital corpsmen may devote themselves wholly to nursing and to learning the details of sanitary, surgical, dispensary, and ward work.

ACTIVITIES CONNECTED WITH WAR SERVICE.

For a considerable time prior to the declaration of war and while yet this contingency seemed remote and improbable to many this bureau instituted steps for preparation against such a development. The commanding officers of hospitals were directed to consider all the features of a possible situation calling for large increase in their equipment, and were directed to make tentative plans for installation of tents, beds, and cots to permit the maximum expansion. Plans were definitely completed for utilizing these institutions to their utmost capacity. Likewise in the matter of stores the bureau has been acquiring large quantities of drugs, surgical dressings, and appliances for issue from the various medical supply depots. The individual hospitals and ships also largely increased their reserve supplies, so as to be ready for any emergency.

In addition to the facilities thus provided and being provided in naval institutions, properly so called, the medical officers in command of the various naval hospitals have been busily engaged in organizing the naval hospital bases and arranging for adjuncts to them, such as civilian hospitals, municipal hospitals, private institutions, either to provide for evacuation on overflow of naval hospitals or to receive patients direct.

In connection with the preparations for war the American Red Cross has erected, without cost to the Government, in the grounds of the New York Naval Hospital, a steel building for the housing of their stores.

Soon after the declaration of war steps were taken to secure the cooperation and assistance of the highly trained sanitary officers of the United States Public Health Service. The act of July 1, 1902, section 4, provides for the utilization of the Public Health Service in times of threatened or actual war, in such manner as shall best promote the public interests. By an executive order of the President of the United States, dated April 3, 1917, the United States Public Health Service was directed to work in cooperation with the Army and Navy. Members of this body are now on duty at various points assisting the medical department of the Navy in the selection and inspection of sites for camps and hospitals, in sanitary and laboratory work and in the manifold forms of endeavor represented by the various naval districts.

The survey of civil hospital facilities—general, insane, etc.—begun by the bureau in 1915 was brought to completion, and charts presenting the findings were prepared for distribution. It was found that while the authorities of all institutions showed the utmost willingness and readiness to help, yet they were not inclined to restrict themselves to any one service, but rather to accept all cases, from whatever service, in the order in which they required assistance. State institutions for the care of the insane showed a hearty desire to cooperate to the limits of their capacity.

Upon the declaration of war the medical service to be rendered to all personnel of all forces was promptly organized in accordance with prepared plans, particularly with attention to naval districts and naval hospital bases. This organization consists of two divisions—dispensary service, general, and hospital service, central.

The dispensary service, under the charge of the medical aid to the commandant of each naval district, was developed to serve the many outlying stations for patrol, aero, radio, and other forces. Dispensaries, or temporary sick quarters, were established, equipped, and manned with proper personnel at all places where the need existed.

The hospital service, under the charge of the medical officer in command of the naval hospital in each district, was developed upon a naval hospital base, the established naval hospital being surrounded by adjuncts in the form of temporary structures, tents, buildings converted to hospital purposes, United States Public Health Service or civil hospitals, to accommodate patients for whom, for any reason, there might be no accommodations within the naval hospital itself.

The medical officers in charge of both divisions of medical work have perfected the general plans and have made complete arrangements at all stations for adequate care and treatment of the sick and wounded should they be received in large numbers.

Special letters of instructions describing the lines upon which the development of these divisions of medical service was to be conducted were sent to all medical aids and medical officers in command of naval hospitals, together with blue-print charts of all data concerning civil and Public Health Service facilities, etc., which the bureau had been able to obtain.

In connection with this development of the medical service, changes in the regulations for naval districts so far as they concern the medical department have been recommended, and a pamphlet of general instructions for the use of medical aids and medical officers in connection with the application of these regulations and medical services, has been prepared, printed, and distributed to the service.

It is believed that ample provisions for caring for the sick and wounded under this division of medical service have been made.

The following summary of the medical organization for war in actual operation in a certain naval district is submitted to illustrate how members of the Medical Corps, in its various subdivisions, are actually employed. This summary shows the assignments of medical and dental officers demanded by the war situation at places other than navy yards and stations proper, hospitals, and on board regular cruising ships. The latter, of course, require a much larger personnel under present conditions, but no account is taken of this in the appended list. The names of places given are fictitious, but represent actual localities.

Camp H, having a force of 1.200 officers and men, requires the services of one medical officer, National Naval Volunteers; two medical officers, United States Naval Reserve Force; one dental surgeon, United States Naval Reserve Force.

Receiving Station I, having a force of 2,000 to 2.500 officers and men, requires the services of two medical officers, National Naval Volunteers; two medical officers, United States Naval Reserve Force; two dental surgeons, National Naval Volunteers; one pharmacist, National Naval Volunteers.

Training Station J, having a force of 46 officers and men, requires the services of one medical officer, United States Naval Reserve Force.

Camp K, having a force of 500 officers and men, requires the services of one medical officer, United States Naval Reserve Force.

Air Station L, having a force of 300 officers and men, requires the services of one medical officer, United States Naval Reserve Force.

Radio School M, having a force of 1,200 officers and men, requires the services of one medical officer, United States Naval Reserve Force; one dental surgeon, United States Naval Reserve Force.

Cadet School N, having a force of 60 officers and men, requires the services of one medical officer, United States Naval Reserve Force.

Section bases O, P, Q, R, S, T, U, and V, having an aggregate of 1,350 officers and men, require the services of one medical officer, United States Navy, retired; thirteen medical officers, United States Naval Reserve Force; two medical officers, National Naval Volunteers; two dental surgeons, United States Naval Reserve Force; one pharmacist, National Naval Volunteers.

Interned ships *W*, *X*, and *Y*, having an aggregate of 838 officers and men (skeleton crew), require the services of six medical officers.

To visit recruiting offices throughout district, two dental surgeons, United States Naval Reserve Force, are employed.

EMERGENCY HOSPITAL CONSTRUCTION.

The following emergency hospital construction, at a total estimated cost of $4,000,000, was begun as soon as appropriations were available and the necessary specifications and plans could be gotten up:

Portsmouth, N. H.—Nine buildings, consisting of five pavilion wards, nurses' quarters, Hospital Corps quarters, garage and subsistence facilities, to increase the capacity of that institution so as to handle a hundred additional patients.

Newport, R. I.—Thirteen buildings, six pavilion wards, nurses' quarters, quarters for Hospital Corps, garage, subsistence facilities for immediate increase by 330 beds.

Navy Yard, League Island.—Twenty-four hospital buildings, including five pavilion wards, with toilets and wash rooms, nurses' quarters, Hospital Corps barracks, quarters for civilian employees, quarters for medical staff, operating building, administration building, mess halls, kitchens, storehouses, garage, laundry, dispensary building, and appropriate heating plant to accommodate 200 patients.

Norfolk, Va.—Twenty buildings, 14 pavilion wards, four barracks for Hospital Corps, two subsistence buildings, to give an increase of 420 beds. Here the contagious camp will be increased by 400 beds, distributed in 25 buildings of the bungalow type.

Charleston, S. C.—Twenty-four buildings, five pavilion wards, and buildings and equipment as in the case of the navy yard, League Island, to accommodate 200 additional patients.

Pensacola, Fla.—Twenty-four buildings, five pavilion wards, etc., as for Charleston, S. C.

Work has been rapidly pushed on all construction, and many of the buildings are equipped and fully ready for occupancy.

With the successive increases in the personnel which marked the early months of the year it became evident that even this large increase in the facilities for the sick and the number of beds over the original capacity of 1,600 beds afforded by our 18 naval hospitals would probably be inadequate for the full and proper care of the sick and wounded of the Navy during a prolonged and bitter war. At an estimated additional cost of $1,467,000 plans were made for the immediate further expansion of the hospitals at Portsmouth, N. H.; New York; Annapolis, Md.; Jamestown, Va.; Norfolk, Va.; Key West, Fla.; Great Lakes, Ill.; Mare Island, Cal.; Puget Sound, Wash.; and Newport, R. I. When the establishment of training camps at Gulfport, Miss.; Cape May, N. J.; and Pelham Manor, N. Y., was decided upon this bureau immediately began the construction of adequate but temporary hospital establishments at these places.

When all the carefully matured plans have been carried out and the construction begun and well under way has been accomplished, the Medical Department expects to have available in institutions of its own a patient receiving capacity of 10,000 beds.

At the large training camps there will be, besides regular hospital establishments, dispensaries, sick quarters, laboratories, disinfecting plants, isolation wards, and all the necessary equipment as to buildings, apparatus and utensils for assisting in receiving the large numbers of recruits and in successfully carrying on the process of amalgamating them into the service. At the training station, Great Lakes, Ill., there will be 49 new buildings, 29 pavilion wards, the usual quarters for nurses and Hospital Corps, storerooms, garage, civilian employees' building, laundry, heating and disinfection plant, and a capacity of 1,240 beds. At Jamestown, Va., the Medical Department will have under its jurisdiction 26 buildings, with 8 pavilion wards, barracks for Hospital Corps, nurses' quarters, quarters for medical staff, administration building, operating building, subsistence building, storehouses, laundry equipment, garage, mortuary, shops, barracks for civilian employees.

Expansion of facilities at Fort Lyon (Las Animas), Colo.:

Present capacity	280
Estimated (ratio 4–1,000, complement Navy and Marine Corps, 180,000)	720
Additional patients to provide for	445

In order to provide for the increase of approximately 445 patients and locate buildings on the present building area all available sites will have to be utilized.

The lean-to type.—At the men's infirmary the wards will be of stone veneer, the internal arrangements corresponding to present structure. These additions are to the north, east, and south of the present building. In addition to the above there is planned another ward west of the surgical ward, which is to be so constructed as to be available for heliotherapy during the winter months. When these additions are completed they will provide for about 200 patients. This will necessitate the enlargement of the dining room and refurnishing of the kitchen.

This same lean-to type is recommended for the extension of our convalescent wards, modified to the extent of doing away with the two-story central administration section.

The above type will utilize all the available ground space suitable for the erection of ward buildings, accommodating from 18 to 24 patients each, but they will not provide enough ward space and will not utilize all the available ground space on account of their size. Accordingly it will be necessary to provide 30 dwellings of the so-called readi-cut type.

The above wards will provide for about 245 patients, at an estimated cost of about $400 per patient (at present cost of material and labor).

This will necessitate the addition to dining room and kitchen of the west subsistence building of sufficient space to accommodate 525 patients, plans and estimates for which are being prepared.

Contagious Diseases.—At the beginning of mobilization one of the most serious problems which confronted the medical department was in connection with contagious diseases. Contagious diseases have been very prevalent throughout the United States during the past winter, and the assemblage of large numbers of young men, many of them at the time of enlistment already in the incubation stage of contagious disease, led to the introduction of these diseases into the training stations, where they assumed epidemic proportions, so that the utmost sanitary skill was required to stamp them out and at the same time permit the training to proceeed without serious interruption. At the present time health conditions in the service are excellent, and the sick rate compares favorably with that under peace conditions.

Segregation of recruits in strict detention after arrival at a training station or camp for a minimum period of three weeks is a necessary and most important measure for the prevention of the introduction and spread of contagious diseases. Without such separation of newly arrived recruits from the main body of men undergoing training contagious diseases can not be kept from the main camp, and there will result such enforced isolation of patients and contacts as to cause serious interference with the course of training and a loss of valuable time.

With contagious diseases prevalent in civil communities from which recruits are drawn cases will inevitably appear from time to time in the detention section. It is a matter of common knowledge now that the most important mode of spread for the common communicable diseases, including measles, scarlet fever, diphtheria, and cerebro-spinal fever, is through direct or indirect conveyance of the infective agents by the moist secretions from the noses and throats of patients or healthy carriers, and the danger therefrom in the aggregate is directly proportioned to the closeness and intimacy of personal contact. In all new construction it is the aim of this bureau to see that space is provided in quarters equivalent to a unit standard of 500 cubic feet per individual and permitting maintenance of adequate ventilation with the air in motion at all times. To facilitate the handling of epidemics and the separation of contacts when disease appears recruits in detention sections should be quartered in groups of not more than nine men, that number representing a tactical unit, a squad with its petty officer. In the main camp it is desirable that men in training be housed in groups of 25 or less to insure a minimum of interference by disease with the course of training.

There should be also large and well-equipped laboratories in con junction with the training camp. The demand for them is imperative when communicable diseases appear. Messing facilities, toilets, bathhouses, and regimental dispensaries must also be adequate and arranged in proportion to military units on a company and regimental basis, with a view always to keeping personal contact within safe limits. Contact, the most important single factor in promoting the spread of contagion, is proportional always to the number and extent of points at which groups of men necessarily congregate, as determined by the plan of the camp or station.

In older stations with buildings already in use and in certain places such as at San Diego, where the exposition grounds were taken over and where the buildings already erected were put to use, the attempt has been made to house men in groups as small as the facilities at hand would permit. In fact, it has been necessary to use large numbers of tents not only at San Diego, but also at the training station, Great Lakes, Ill. Tents with flooring and screening are sanitary and desirable, of course, in summer weather. Experience has shown that large buildings, housing large numbers of men, are not satisfactory, because even if the cubic space per individual be up to standard and their ventilation adequate, they are always a source of anxiety and they have to be abandoned or the occupants reduced to a small number upon the appearance of communicable disease in the station.

The appropriations available for war measures are: (1) Balance of appropriation for the fiscal year 1917; (2) entire appropriation for the fiscal year 1918, available from March 4, 1917; (3) appropriations provided by the urgent-deficiency act approved June 15. 1917.

THE COUNCIL OF NATIONAL DEFENSE.

In connection with the medical section of the Council of National Defense, the bureau, represented by various medical officers of the corps, has taken part in the numerous activities of the work on medical preparedness, as developed by this division of the council.

The General Medical Board, under the chairmanship of Dr. Franklin H. Martin, has covered most minutely all the different phases of medical preparedness. The Surgeon General, as a member of the executive committee of the General Medical Board, has participated in the work in a general way. Medical Director Cary T. Grayson, United States Navy, has also represented the Naval Medical Department in this connection. Medical Inspector R. C. Holcomb, United States Navy, as a member of the General Munitions Board, has represented the bureau in this division of the Council of National Defense. Passed Assistant Surgeon R. C. Ransdell and Passed Assistant Surgeon J. R. Phelps, United States Navy, have represented the Medical Department of the Navy on the committees on statistics and hygiene and sanitation.

Under the chairmanship of Dr. Frank F. Simpson, as chief of investigation of matters pertaining to medical preparedness, a committee on standardization of medical and surgical supplies and equipment was organized.

Medical Inspector T. W. Richards, United States Navy, representing the American Red Cross, and Medical Inspector Joseph A. Murphy, United States Navy, representing the bureau, serve as members of the executive committee.

The committee on standardization of medical and surgical supplies and equipment was engaged for a long period in preparing lists of staple medical and surgical supplies selected to meet war conditions and with a view to simplifying, as far as possible, packages, instruments, etc., and so to permit an increase in the output of these articles, particularly those most urgently needed and which are difficult to obtain promptly, even under ordinary circumstances. It is expected that the various supply tables of the Army, Navy, and Public Health Service will be based, as far as possible, on these lists. It is expected also that the American Red Cross and civil requirements will follow suit.

In this connection, an illustrated catalogue of instruments showing those selected and advocated by the committee was first compiled and printed. Standardization of medicines, hospital equipment of all kinds, and of all other articles used in the care of sick or wounded, both in the military service and in civil life, has been decided upon. Subcommittees of noted professional men in the various professional specialties were invited to comment upon these matters in order that a general opinion as to the advantage or disadvantage of any step might be formulated. Representatives of all manufacturers in the various medical and surgical lines were invited to several conferences in this connection the result of which was to bring out the necessity of some form of standardization in order that output might be increased to an extent commensurate with war preparations. Steps were also taken to prevent manufacturers bidding against each other for the raw materials which were necessary to produce the finished product required by the military services and civil population. This tended to keep prices down to a more normal basis.

At the request of Dr. Frank F. Simpson, various representatives of the Medical Department, among others, Medical Director Philip Leach, Medical Director George A. Lung, Medical Inspector James F. Leys, and Medical Inspector Joseph A. Murphy took part in the organization of various State and county committees on medical preparedness, the object of these committees being to perfect an organization for an effective mobilization of the medical resources of the various States, and to aid in obtaining officers for the Regular Army and Navy Medical Corps and the Reserve Corps of both services.

At the present time the committee on standardization of medical and surgical supplies and equipment is engaged in obtaining information as to the requirements of the military services, as to the quantities of surgical dressings, instruments and medicines, in order, more particularly, that articles which are urgently needed may be given priority in production and that an estimate of the raw materials required may be accurately made in advance.

MEDICAL OBSERVATIONS IN THE WAR ZONES.

While speaking of the systematic sanitary studies undertaken by this bureau it is pertinent to refer to the very valuable work done, often under circumstances of great difficulty, by its medical representatives sent abroad to collect information, in regard to the conduct of the war, likely to be of service to this country. Surgeon Karl Ohnesorg, United States Navy, returned to this country after a sojourn of two years in Germany, bringing with him much valuable material, in addition to that sent home by him while abroad.

An invitation having been extended by the British authorities for a number of medical officers to visit Great Britain and study the advances made in medical organization and administration, on nomination by the bureau and by direction of the Secretary of the Navy, Medical Inspector F. L. Pleadwell, United States Navy, was ordered as the naval representative of the joint Army and Navy contingent of four medical officers selected for this purpose. Medical Inspector Pleadwell arrived in England in May, 1916. Somewhat later he was given additional duties as assistant to the naval attaché, American Embassy, London, and finally as aid to Vice Admiral W. S. Sims, United States Navy, commanding the United States naval forces operating in European waters. Besides being received and entertained with great cordiality and kindness and introduced to leading officers of the medical branch of both services, the presidents of various learned and scientific societies, heads of colleges and hospitals, editors and publishers, every facility was afforded him for studying military and medical conditions.

An elaborate program was gotten up to insure his being able to see hospitals, hospital ships, ambulance trains, camps and training establishments both in the United Kingdom and France.

When some time had been consumed in this way Medical Inspector Pleadwell was put in touch with the various administrative departments in London to familiarize himself with the methods employed at headquarters. He also had the privilege of visiting the great fleet, the British trenches in France, and the Italian front on the Isonzo.

In all Dr. Pleadwell visited and inspected 64 hospitals, 5 ambulance trains, 6 training and convalescent camps, 20 naval vessels (including 11 hospital ships), and 4 service medical schools.

Dr. Pleadwell has recently returned to this country and is now engaged in tabulating and coordinating the mass of information accumulated abroad with a view to publishing all that which is not of a confidential nature on administration, transportation, sanitation, construction, methods of treatment, the venereal problem, alcoholism, cremation, disinfection, various modern devices for camp use, education of the disabled, artificial limbs, etc.

AVIATION.

The problems of aviation have naturally received deep thought and been made the subject of much painstaking investigation by this bureau, which is intimately concerned with them through its obligation to determine a standard of fitness for candidates for the corps. A great many points have to be considered, as, for example, the weight to be given to evidence of practical experience and efficiency in aviation work on the part of applicants who have physical defects which should, *a priori*, exclude them.

It is clear, of course, that, in time of war and when a large number of flyers are needed and are to be used for the necessities of the moment, the requirements are not those which the Government must hold to in peace times, when it relies entirely on officers and men whose training in various naval activities gives them a distinct value in other lines of work as well—when it is desired to elaborate the naval branch of aviation and study the requirements of this field and to work out a solution for the problems which present themselves, especially in regard to the best type of machine, methods of orientation, and methods of communication with the ship or fleet.

The bureau has kept in close touch with the scientific investigations and experiments being conducted with a view to elaborating a definite and concise method of testing the psychic factors and the psychomotor phenomena that come into play with flying and the physical effects of high atmospheric tenuity.

Experiments and observations are also being made by the naval ear specialist in Washington, Surgeon G. B. Trible, United States Navy, who is at present studying the question of fitness for aviation training in all its aspects.

In concluding this brief outline of the huge volume of work being carried on ashore, reference must be made to the prompt and generous offers of service received from medical colleges, medical societies, dental and pharmaceutical associations, and individual members of these professions in all parts of the country. The offers originated in the purest patriotism and in the devotion to duty which characterizes medical men. The Rockefeller Institute, the Russell Sage Foundation, the health departments of many cities, public and private bacteriological laboratories have not only offered their services to the Government but in many cases have gone out of their way to render assistance, without thought of recompense or recognition. As a single instance of almost daily similar occurrences may be mentioned the action of the Commissioner of Health of New York City in putting at the disposal of the commandant of the third naval district 300 beds for the isolation and treatment of contagious cases, only requesting that as far as possible the different types be segregated in transit, and that information be furnished at the time of transfer, if in any given case there had been previous exposure to other infection. The laboratory of the health department of New York City has also been made available for the examination of "suspects" and "carriers."

But this is not all. The American Association of Anæsthetists offered its services for giving special training to young medical officers. Miss Lilian Bell, of Chicago, offered to purchase and equip a hospital ship. The Colonial Dames of America have presented an ambulance. Several clubs have expressed their willingness to turn over their premises for any use for which they were available. Private residences, too, have been offered. Boards of commerce, laboratories, drug firms, manufacturers of all classes, have put themselves in line for such service as the Government might see fit to assign.

THE HOSPITAL CORPS.

The Hospital Corps of the Navy on July 1, 1916, numbered 23 pharmacists and chief pharmacists, 365 hospital stewards, 740 hospital apprentices first class, and 480 hospital apprentices second class, a total of 1,585. This force was entirely inadequate for the work it was called upon to perform. It required the most judicious and painstaking effort to distribute these few men in such a way as to provide even half-way adequate assistance to the medical officers in hospitals, ships, and navy yards and in the many outlying but important fields of work like Haiti, Guam, Peking, Samoa, Cuba, etc. With the slightest variation in the requirements of different localities and upon the least demand for additional services at a given point, a general shifting of details was unavoidable. From every quarter the shortage in numbers of this corps was complained of and tended not alone to reduce the efficiency of the medical department, but also to lessen contentment among the hospital corpsmen themselves. Often they were called upon to be on duty a greater number of hours in the day than is considered best for efficiency and contentment, and it constantly happened that if a single man went on leave or got sick there was no one available to take his place.

On August 29, 1916, when Congress passed the new personnel bill, the ability and importance of this corps was properly recognized for the first time in its history. Congress allowed a complement of hospital corpsmen equal to 3½ per cent of the total personnel of the Navy and gave to this corps *the same opportunity for advancement* in rating as had long obtained in the seaman branch. After the law went into effect, December 1, 1916, was set as the date for reorganization on this new basis. On that date many men who had been loyal to the corps for years and who had been denied merited promotion, were promoted to ratings for which they were well qualified and the entire corps began to realize not only that it was an important branch of the naval service, but that its importance was at last recognized. On January 1, after readjustments in ratings had been made, the results of the new law began to appear. Men who, under the old law, had not reenlisted began to reenlist and the corps began to grow. By February there were about 1,700 men of all ratings, and still the corps was short of its then allowed complement.

Congress having recognized its needs, the Bureau of Medicine and Surgery was confronted with two problems in connection with the Hospital Corps: First, its proper training; second, recruiting it up to its full strength. A campaign of publicity to aid recruiting was begun. A poster descriptive of the work and opportunities of the corps was prepared by the Navy publicity bureau and placed in every post office and in every recruiting office throughout the country. A pamphlet descriptive of the Hospital Corps was published and widely circulated. The pharmaceutical schools of the country were circularized; then the high schools and colleges were approached. Articles were published in pharmaceutical papers and in high-school and college magazines. Recruiting officers stimulated interest in this corps, recruiting parties were organized at naval hospitals, the Marine Corps was asked to furnish a quota of recruits from that branch. Medical officers everywhere began to seek men adapted to the Hospital Corps and to stimulate changes in rate. The corps suddenly took on a rapid growth after January 1, 1917. Month by month its number increased. In January approximately 70 men enlisted; in February, 118; in March, 148; in April, 982; in May, 1,928; in June, 1,287. By July 1, 1917, the total allowed strength of over 6.000 had practically been reached, and the problem of bringing the corps to its allowed strength had been solved. In these months the corps had grown from 1,600 men to over 6,000 men.

For the first time in its history an adequate number had enlisted, but this great mass of men were untrained, as a hospital corpsman can not be sufficiently trained to be of value to the doctor with whom he serves in the Navy in less than six months, and even in that time he can only be trained to the work of the lower grades. Even the man who is a graduate pharmacist, a trained male nurse, a college student, or a first-year medical or dental student, can not learn to be an efficient hospital corpsman of higher rating in a short time. He must have wide experience in the Navy before he is fitted to hold the rate of pharmacist's mate second class; while to be adequately trained to perform the duties of pharmacist's mate first class, or chief pharmacist's mate, he must have had service in many places and for long periods of time to be able to render the varied and comprehensive service demanded of him.

Just at the time when the Hospital Corps began its sudden growth, when it doubled and then trebled in number, when trained men of the corps were needed rather than untrained men, the nation went to war and Congress authorized an increase of the naval personnel to 87,000 and an increase of the Marine Corps to 18,000. Hardly had the recruiting up to this strength begun when Congress further raised the naval personnel to 150,000 and the Marine Corps to 30,000, and in addition great numbers of men and some women began enrolling in the Naval Reserve Force until that force grew to 25,000 and now is well on its way to a strength of about 40,000. Ship after ship, formerly out of commission or only in partial commission because of inadequate personnel, was rapidly placed in full commission. The small force of trained hospital corpsmen was suddenly called upon to help in the work of the medical department which was caring for a force of over 200,000 men instead of a force of about 80,000, and at the same time that this great burden was thrust upon them they were called upon to help the medical officers in the training of the large number of new hospital corpsmen.

The two Hospital Corps schools, one at Newport and one at San Francisco, were not sufficient to train the old Hospital Corps. A third school at Great Lakes was placed in commission about March of this year. These three schools were to take the recruit, give him a six months' course in the rudiments of his work in anatomy, physiology, pharmacy, chemistry, materia medica, toxicology, nursing, hygiene and sanitation, in minor surgery and operating-room technique, transportation of the sick and injured, clerical forms and procedures of the medical department of the Navy. The sudden increase in the authorized strength of the Hospital Corps soon overtaxed the facilities of these three schools. They grew from a personnel of 50 or 100 each to 200 each. Then at the beginning of the war in a month's time they grew to 500 and finally to 800 each. The system of training almost broke down, but the cooperation of the commanding officers of the training stations and the loyalty, enthusiasm, and devotion of the medical officers in charge of the schools and of the members of the Hospital Corps who assisted in the teaching saved the day, and the schools were kept going. The bureau was obliged, temporarily, to reduce the course at the schools from six to three months. Commanding officers of hospitals and medical officers afloat were asked to assist in every way possible in the training of the new men, and all took hold of the problem with a will so that to-day, in spite of the great influx of new men, they are well along in their initial training. A fourth school at the new training station at Norfolk (the old Jamestown Exposition grounds) is authorized and will be placed in commission when the station is ready for occupation. Columbia University offered its College of Pharmacy to help in the work, and 318 men received training there during the college vacation period, July 15 to September 20, 1917.

Now that the Hospital Corps has a proper number of men and a fairly adequate system of training, it should be well started on its way to the day when as a corps it can be both efficient and contented. The bureau feels that the highest praise in due to Passed Assistant Surgeon G. F. Cottle, United States Navy, in charge of organizing and training the Hospital Corps, and to the few trained hospital corpsmen who in the past few months have borne the burden of assisting in the medical work of a greatly augmented naval personnel and in training a new Hospital Corps personnel.

The new Handy Book for the Hospital Corps, revised by Passed Assistant Surgeon John B. Kaufman, United States Navy, places in the hands of every hospital corpsman the opportunity to study for advancement in rating. The bureau policies for the transfer, promotion, and training of the corps, largely formulated by Passed Assistant Surgeon William E. Eaton, United States Navy, and in harmony with the policies of the Bureau of Navigation, make an adequate basis for the contentment of the corps. During the past few months the warrant rank of pharmacist has been given to 23 chief pharmacist's mates, while over 100 pharmacist's mates, first class, have been promoted to chief pharmacist's mate, and just at the end of the year covered by this report the Secretary of the Navy gave to 57 more chief pharmacist's mates the temporary warrant rank of pharmacist and to 16 chief pharmacist's mates the temporary warrant rank of pay clerk (acting).

Aside from the Hospital Corps of the regular naval establishment enlisted for four years, there are other hospital corpsmen in the Navy enrolled for the period of the war. About 100 hospital corpsmen of the National Naval Volunteers came in when this body was mobilized. Many of these men are at sea, and are rapidly becoming familiar with their work. About 50 trained men of the Hospital Corps are in the Fleet Naval Reserve, and their services have been of the greatest importance both at the beginning of the war and since. There are in the Naval Coast Defense Reserve, class 4, Naval Reserve Force, and in class 4 for service in class 2, about 500 hospital corpsmen. The members of this force were enrolled only in the ratings given to men upon first enlistment, namely, hospital apprentice second-class and first-class, and they have the same opportunities for advancement in rating as are accorded the regular enlisted personnel. Upon the medical aid to the commandant rests primarily the problem of education, transfer, and promotion of these men. Their training has been begun in many ways. Two hundred of them slated for duty with naval base hospitals are being trained by the recently appointed medical officers in charge of these hospitals. About 300 of them are on duty in the naval districts in connection with the medical work of the reserve force; a few of them have been in training at our naval hospitals. Eventually it is expected that many of these men will be sufficiently trained to do the Hospital Corps work aboard the naval district vessels and at the district section bases. Some of those in class 4 for general service may be trained and used with the regular naval personnel.

The trained hospital corpsmen of the Navy in the higher ratings must be capable of nursing the sick, of compounding simple prescriptions, of efficiently administering first-aid in the field and aboard

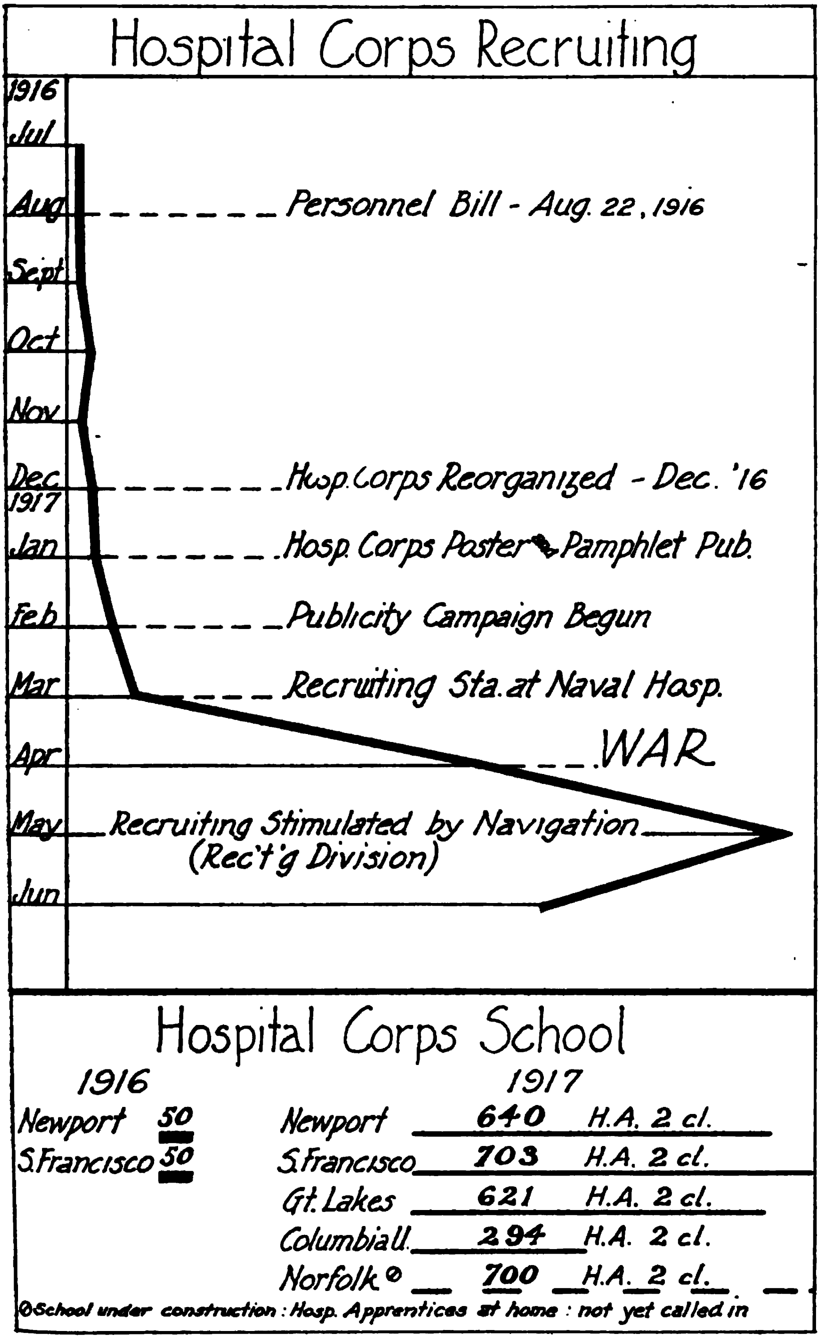

Chart to show increase in Hospital Corps and attendance at Hospital Corps School, 1916 and 1917.

ship, of transporting the sick and wounded, of administering medicines, of caring for an operating room and of preparing a patient for operation. They must be able to care for surgical instruments, must be familiar with the stores of the Medical Department, and with its clerical work. They must have the ability to handle men, to help with the insane, with contagious cases, with the wounded and with those who are dangerously ill. They must understand camp sanitation, disinfection and methods of surgical asepsis. They must combine the pharmacist, the nurse, the first-aid man, the laboratory assistant, the X-ray technician, the dental assistant and the operating room nurse in one person. When they rise to the highest ratings, pharmacist's mate, first-class, or chief pharmacist's mate, they should be capable of conducting the nursing and dispensing work required on board such smaller craft as carry no medical officer.

THE NURSE CORPS.

On July 1, 1917, the Navy Nurse Corps numbered 425. Of these, 194 were members of the Navy Nurse Corps. During the year there have been 82 regular appointments, 3 honorable discharges, 22 resignations, 1 revocation of appointment. One member of the corps died during the year.

Since April 15, 1917, in order to meet the demand for nurses at the naval hospitals already established and those which have been opened, the Secretary of the Navy directed that Reserve Nurses be appointed. Up to July 1, 231 had been secured. Of this number, 3 have been disenrolled.

In the majority of cases when resignations are submitted by members of the Nurse Corps it is to accept a more lucrative position, and it is believed that in order to maintain the standard of nursing we desire for the naval service the rate of pay of the chief nurses and nurses should be increased.

The expansion of the hospitals has resulted in a great increase of work for the chief nurses of hospitals and greater efficiency would result from the appointment of an assistant chief nurse at each hospital, with an increase of pay proportionate to the duties which would be indicated in this position.

A field of activity which has been developed during the past year has been the class work in connection with the instruction of hospital corpsmen, and especially qualified nurses have been appointed with a view to systematizing the method of instruction in the various naval hospitals.

The work of giving instruction to native women carried on at the stations of Guam, Samoa, and, in a lesser degree, Canacao, has increased and additional native nurses have been added to the classes. This work is entirely altruistic and the interest and labor of the members of the Navy Nurse Corps on duty at these stations is fully appreciated.

Since the end of the fiscal year there have been further additions to the available nursing force under naval jurisdiction. The number of members of the regular Nurse Corps has risen to 225. The Reserve Force nurses enrolled are 260.

With the equipping of three base-hospital units, 65 appointments have been issued to Reserve Nurses. The total strength of the nursing force is therefore 550.

SCHOOLS.

In working out the conception that the Navy is a great educational institution in which its members not only store their minds with valuable knowledge but acquire habits, modes of thought, and principles of conduct which make for success throughout life, whether in the service or in civil occupations, the Medical Department plays its full part. The Naval Medical School gives the newly appointed medical officer a technical course, designed to supplement his previous educational opportunities, along lines peculiar to naval and military duties. The Correspondence School aims to reach members of the Reserve Corps unable to attend the sessions of the Medical School in Washington and to render them familiar with special forms of procedure and special methods necessary to the practice of medicine in Government service. As noted elsewhere, the exigencies of the moment and the large numerical increase in the Medical Corps since the inception of war, together with the limited accommodations at the school and the burdensome additional duties ascribed to the members of the faculty, have made it impossible to train the recent acquisitions to the corps in that institution and so provisions have been made for their training by men of eminence, in most cases members of the Medical Reserve Corps, in large medical centers like San Francisco, Boston, New York and Philadelphia.

The special training schools for the members of the Hospital Corps have, relatively speaking, even greater significance, since, in the majority of cases, the members of this corps enter the service without previous knowledge or experience of their specific duties. In addition to the training schools already in existence at Newport, R. I., and San Francisco, Cal., a school has been opened at the training station, Great Lakes, Ill., and more recently at Norfolk, Va. The following reports and tables summarize briefly the work done.

United States Naval Medical School.—In former years the instruction given to each class at the Naval Medical School has extended over a period of from six to seven months. The purpose of the instruction was (1) to refresh the memory on the principal branches of medicine of such members as had come to the service after one or more years of private practice or who had served in hospitals where the work of any given interne was exclusively surgical or medical; (2) to give specific instruction on subjects such as tropical medicine, sanitation, etc., not always fully covered in the ordinary curriculum but of immense importance in the naval service; (3) to give practical illustration of the limitations, modifications, or facilities in the practice of medicine and surgery imposed by service conditions; (4) to acquaint in some measure the practitioners fresh from civil life with the military features of their chosen career; (5) to impart or review a standard requirement of familiarity with details of laboratory technique.

Six months was none too long for the realization of these aims, but in September, 1916, it was found necessary to shorten the period of instruction to four months. More recently the exigencies of the service have compelled a further abbreviation of the course to two months, and while this permits a survey of the field rather than an exhaustive study thereof, there is still much value in the course. The incidental advantages of even the briefest attendance at the school can not be overestimated. Perhaps none but the newly appointed medical officer himself can fully appreciate the advantage derived from the association with older men in the service and from the grasp of the military features of his work thus afforded to him at the very moment of that radical change in his life and habits and mode of thought involved in appointment to the Navy.

It must be understood that the members of the teaching staff at the Naval Medical School, unlike the usual college instructors, can give but a portion of their time to this work. They are on duty at the Naval Hospital, at the Naval Dispensary, at St. Elizabeths Hospital, and in the laboratory of the school. They serve as members of examining boards and are constantly burdened with varied additional duties.

In the 10-year period from September, 1906 to 1916, there were 235 students under instruction in the regular school course of six months. During the single year just ended 175 student officers received instruction, a number which nearly equals that representing the entire previous attendance.

Synopsis of six weeks' course of instruction, 1917:

Tropical medicine and naval medicine.—Tropical diseases; physical examination of recruits; diagnosis and prophylaxis of various cosmopolitan quarantinable diseases.

Bacteriology, parasitology, and clinical microscopy.—Separation of colonies from agar plates, inoculation of media, staining, etc. Separation of organisms of typhoid Colon groups. Plating from feces. Carbohydrate fermentation. Separation of streptococci and pneumococci by use of blood agar plates. Recognition of meningococcus, gonococcus, B. diphtheriae, B. tuberculosis, B. pestis, Sp. cholerae asiaticae. Isolation of organisms from urine, feces, sputum, pus. Blood examination. Wassermann and colloidal gold test. Standardization of reagents for Wassermann test. Demonstration of important human parasites.

Hygiene.—Air, water, food, light, clothing, marching, camps, laundry, personal health. Communicable disease; disinfection and fumigation.

Chemical laboratory.—Volumetric work with acids, bases and salts. Examination of gastric and duodenal juices, urine, water supplies; for occult blood, non-protein nitrogen and sugar.

Ophthalmology and otology.—Routine eye examination and external diseases. Refraction and use of retinoscope and ophthalmoscope. Test of visual acuity and color perception. Minor operative procedures. Routine examination of ear and external diseases. Use of otoscope, tuning fork, acoumeter, etc. Tests of auditory perception. Therapeutics and operative procedure.

Psychiatry.—Toxic psychoses; dementia of senility; dementia praecox; character formation and complexes; psychoanalysis; manic-depressive psychoses; paresis and cerebro-spinal syphilis; paranoia and paranoid states; detection of mentally unfit on enlistment.

Naval drills.—1. School of recruit. 2. School of squad. 3. School of company. 4. Signals by wigwag. 5. Manual of the sword. 6. Tent pitching. 7. Litter drill. 8. Physical exercises.

Military duties.—Personnel; government of Navy; shore establishments; enlistments; training stations; naval hospitals; force afloat; medical officer of a ship; Hague convention.

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Surgery.—Sterilization; blood transfusion; intravenous injections; treatment of burns and war wounds; amputations; trephining; laminectomy; laparotomy; intestinal drainage and suturing; herniotomy; cystotomy.

Roentgenology.—Fractures and dislocations; head, neck, and spinal column; chest, gall bladder and kidney; gastrointestinal tract; localization of foreign bodies.

NAVAL MEDICAL CORRESPONDENCE COURSE.—As authorized by the Navy Department on January 24, 1916, the correspondence course was begun on October 16, 1916. This course is open to acting assistant surgeons of the Navy, officers of the Medical Reserve Corps, medical officers of the Naval Reserve Force, and medical officers of the Naval Militia.

The course is administered by the Naval Medical School, Passed Assistant Surgeon H. F. Dollard having direct charge. Systematic instruction is given in naval forms, customs, regulations, and procedure. Special attention is given to instructions in recruiting duty and the duties of a medical officer of a ship. The textbooks used are: (*a*) The Manual for the Medical Department; (*b*) Extracts from the Navy Regulations and Naval Instructions; (*c*) Circular Relating to the Physical Examination of Recruits; (*d*) Handy Book for the Hospital Corps; (*e*) Drill Book for the Hospital Corps; (*f*) Bulletins of instruction.

Question papers are mailed to the participants at intervals of three weeks, and the answers received are criticized and corrected and returned to the writers. The first session began with 139 participants, of which number 20 have resigned or been dropped because of nonreceipt of answers, and 1 has died. The present term will be completed October 1, 1917.

Report of men under instruction at the HOSPITAL CORPS TRAINING SCHOOL, Naval Training Station, NEWPORT, R. I., for the fiscal year 1916:

Received during the year:	
Hospital apprentices, first class	5
Hospital apprentices, second class	945
Total received	950
Transfers, discharges, and desertions:	
Discharged as undesirable	24
Discharged as inapt	9
Discharged, by special order of Secretary of Navy	3
Discharged, purchase	2
Discharged, survey	6
Deserted	13
Changed rate	47
Transferred to Naval Hospital, Newport, R. I., patients	129
Transferred, extended furlough, without pay	4
Transferred for duty	278
Total removals	515
Remaining in school, July 1, 1917	514
Total received during the year	950
Grand total	1,464

HOSPITAL CORPS TRAINING SCHOOL, SAN FRANCISCO, CAL.—Number of men under instruction during current year, 196. Number of men graduated and transferred to duty elsewhere, 95. Number of men discharged for various reasons, 46.

Passed Assistant Surgeon W. H. Halsey reports marked increase of efficiency in the corps of instructors of the school since last year. While the average age of the men in the school remains the same, the average number of school years for these men has risen from 9.5 to 12. indicating that a more highly educated class of men are coming into the Hospital Corps and that a shorter time elapses between the end of their school course and enlistment. He says: "The results of recent legislation in the interests of the Hospital Corps have so stimulated the ambition of the men and increased their esprit de corps that I can not refrain from commenting thereon."

PUBLICATIONS.

The United States Naval Medical Bulletin has entered upon its eleventh year of uninterrupted issue, and continues to supply the officers of the Medical Corps with information in regard to medical features of the naval service, with reports of advances in all fields of medicine, and to serve as a permanent record of unusual and interesting cases, and as a repository of statistics valuable for medical students and authors. The numerical increase of the corps and the steady increase in the demand for this publication from outside sources, such as libraries, colleges, and private individuals, has made it necessary to almost double the edition of the last issues, and yet the requests for copies of the publication are beyond what the bureau can satisfy. We are fortunate in having had many contributions of scientific value and interest from eminent men whose only connection with the service was that of patriotic interest in the Medical Department of the Navy and a hearty desire to cooperate in the furtherance of its best interests.

In the July and October numbers for the year 1917 subject matter of special interest to the Hospital Corps has been introduced as a separate section. The very considerable increase in the numerical force of this corps promises to demand in the near future a special supplement devoted exclusively to the instruction of that branch of the personnel. Economy suggests that this supplement be printed separately, as the circulation among members of the Hospital Corps will be five or six times as great as that in the Medical Corps.

In connection with the increase in the Hospital Corps it became necessary to revise and enlarge the Handy Book for the Hospital Corps. a book of 386 pages, which serves as a textbook in the Hospital Corps schools and in the classroom instruction given in hospitals and on board ship. Twelve thousand copies of this revised work were printed early in 1917. The merits of this textbook are generally recognized, and the Journal of the National Association of Retail Druggists is reprinting it in the form of a serial.

Many changes in regulations and the improvements and advances in the work of the Medical Department has made necessary a revision and enlargement of the Manual for the Medical Department, of which 4,000 copies have been printed and distributed.

"The Navy as a Special Field for Medical Work" has been reprinted five times during the year with a total issue of 20,000 copies.

The illustrated circular of information entitled "The Hospital Corps of the Navy" has been reprinted three times during the course of the year, with a total issue of 27,000 copies.

The latest publication of the bureau is a summary of regulations for the administration of the medical department of the naval districts of the United States. An edition of 4,000 copies has been distributed to medical officers of the service.

The edition of the Medical Compend for Masters of the Naval Auxiliary Service, 1916, having been exhausted, it is being revised for republication at an early date and it will also be available for use on small vessels of the patrol type, and as a valuable adjunct to ships' libraries.

FINANCIAL.

ESTIMATES AND APPROPRIATIONS.—The principal appropriations for the expenses of the Medical Department of the Navy during the fiscal year 1918 are included in the naval act of March 4, 1917, and the urgent deficiency act of June 15, 1917.

The total appropriations placed directly under the cognizance of the Bureau of Medicine and Surgery by the above-mentioned two acts are as follows:

Medical Department	$4,121,740
Contingent, Medicine and Surgery	1,291,080
Bringing Home Remains	332,658
Hospital Expenses	3,000,000

The last above-mentioned appropriation is new, and its language is as follows:

> For the care, maintenance, and treatment of patients in naval and in other than naval hospitals, and for the rental of land.

The appropriation "contingent" makes provision for care, transportation, and burial of the dead, *including officers who die within the United States.* The italicized words are new language, which, while not repealing section 1587 of the Revised Statutes, do act to suspend that section during the continuance of the appropriation act.

Another appropriation carried in the act of June 15, 1917, provides $1,350,000 for temporary hospital construction and for the establishment of new naval medical supply depot buildings at Brooklyn and at Mare Island.

The act of March 4, 1917, in addition to the foregoing, provides as follows, under the caption, Bureau of Yards and Docks:

> Navy yard, Charleston, S. C.; addition to dispensary, $12,000.
> Naval training station, San Francisco; three contagious wards, $25,000.
> Naval hospital, Portsmouth, N. H.; three contagious wards, $20,000.
> Naval hospital, Great Lakes, Ill.; three contagious wards, $20,000.

MEDICAL SUPPLY DEPOTS.

The bureau is able to report this year not only increased expenditures for increased material at the medical supply depots but improvement and elaboration in the system and methods employed. The most careful examinations and analyses are made of samples submitted by bidders prior to acceptance of the bid and the making of the award, and each subsequent partial or complete delivery by the successful bidder is examined as to specified requirements before acceptance. Surgical instruments are inspected at the factory when forged and before hardening, tempering, and finishing. Suture material, particularly catgut ligatures, are inspected before delivery and after sterilization, and are tested for pliability and tensile strength by a special apparatus for this purpose. Drugs and chemicals are submitted to a chemical analysis to establish their conformity with standard requirements. Drugs may also be rejected because containing dirt or because improperly labeled, wrapped, etc. Instruments of precision are tested individually for accuracy before being accepted or issued. The amount of work handled by a single supply depot (New York) for the first six months of the present year is shown by the following statement on the number and results of deliveries:

	Rejections.
216 analyses, drug deliveries	24
55 analyses, hypodermic tablets	13
46 analyses, textiles	0
13 analyses, rubber goods	2
35 analyses, instruments	4
29 analyses, surgeons' necessaries	7

The disturbance of trade conditions due to the war in Europe has made it incumbent on the supply depot to find equivalent substitutes for many substances not manufactured and no longer procurable in this country or else obtainable only at a prohibitive cost. Since our own participation in the great conflict became inevitable, the supply depots have taken steps to provide in every way against the demands of war service. A new synthetic product for ready and accurate preparation of the Carrel-Dakin fluid, and a suitable paraffin preparation for the treatment of burns are in stock for issue. Substitutes for argyrol, protargol, icthyol have also been secured in large quantities. A modest item, but one which may prove in time the saving of hundreds of dollars, is the issue of bolts of rough toweling material to replace in part the high-grade towels previously in use. Of great practical utility, too, is the standardization of all needles for syringes in hypodermic and intramuscular injections.

The following table shows the biological products furnished to the naval service during the fiscal year 1917, as compared with the fiscal year 1916:

	1917.	1916.
Vaccine virus (points)	180,125	63,697
Diphtheria antitoxin (units)	1,841,000	1,588,000
Antityphoid vaccine (mils)	488,218	134,044
Tetanus antitoxin (units)	3,787,541	561,000
Antigonococcic vaccine (syringes)	196	204
Antistreptococcic vaccine (syringes)	252	908
Antimeningitis serum (mils)	109,105	9,900
Staphylococcic vaccine (syringes)	50	58

During the quarter ending June 30, 1917, the supply depot filled 822 requisitions, to the value of $240,000, as contrasted with 361 requisitions, at a value of $50,829.40, filled during the entire previous year.

In a word, with an office force little more than double that of previous years, about five times the usual bulk of work has been accomplished. Owing to lack of space, in spite of additional storage space acquired outside the hospital grounds, much of the assembling for shipment is done out of doors.

The depot has recently assembled and shipped several regimental, hospital, and field hospital outfits. A modified boat box, for use on scout patrols, has been gotten up, which, in addition to the regular contents, has dressings, forceps, pins, etc. A special medical outfit has been prepared for use aboard submarines, and is furnished in an ordinary packing case to be placed in specially constructed lockers in the vessels. Besides the utensil cabinet already mentioned, the supply depot has gotten up a surgical roll and an aeronautic pouch. The depot has in store a certain number of specially equipped medicine chests intended for emergency use by medical officers detailed with boards of inspection and survey for acceptance tests of vessels. These are ready for immediate shipment on telegraphic order. A special outfit has been devised for use at recruiting offices in making examinations of eye, ear, nose, and throat.

DIVISION OF SANITATION.

The sanitary problems constantly arising in connection with the administration of the Medical Department of the Navy have so increased in number, importance and complexity in recent years that it has become necessary to create in the bureau a special division to handle this work. Until this year sanitary problems, while studied and discussed by the whole bureau staff, were usually referred to the officer in charge of publications because that officer was able, through the large number of exchanges, medical publications, sanitary bulletins, etc., received by him, to keep in touch with developments on these lines. Latterly the publications of this bureau have increased to the point where they occupy one man's entire time. Passed Assistant Surgeon J. R. Phelps, United States Navy, has been placed in charge of this division, assisted by the necessary clerical force, and has associated with him at present Surgeons Hugh S. Cumming and Carroll Fox, of the United States Public Health Service.

Fifteen other officers of the United States Public Health Service are working at various points in collaboration with the naval medical officers. The essential function of this division is to consider all matters pertaining to naval sanitation and hygiene. With this end in view, the division labors to keep in touch with health conditions ashore both here and abroad, so that with the development of epidemics in any part of the country danger to the enlisted personnel of the Navy may be at once apprehended and measures taken to prevent the spread of contagion to our ships and stations. Not a day passes but what some scheme or device is suggested by civilians or military men bearing on the health of the Navy, and requests for information, requests for guidance come in from all sources, often requiring extended study and research. These are all turned over to the Division of Sanitation for investigation and settlement.

One of the first steps of this division after it was organized was to get in closer touch with ships, stations, and hospitals, and arrange to have full and immediate information regarding epidemic and infectious diseases. It was felt that the quarterly and monthly reports, though accurately prepared and promptly forwarded, did not suffice to give the bureau timely information on such a vital matter. Voluntary telegrams and personal letters from the medical officers of the service might or might not come to the bureau with the detailed information desired, and the all-important time element in dealing with such incidents was not sufficiently considered. Since July 1 it has become mandatory for the medical officer of every hospital, ship, and station to forward one copy of the Form F card as soon as it can be released by filling in the line that shows the disposition of the case, such as "discharged," "transferred," "invalided from the service," "died," or any other disposition. By this simple method, which entails upon the hospital nothing more than the mailing of a duplicate paper, daily reports come in from all stations. Ships and stations more than 24 hours distant from Washington are to telegraph their reports if they have unusual interest. On receipt of these cards by the Division of Sanitation they are sorted, classified, and tabulated. The cause of an epidemic then becomes a subject of study in the division, which seeks to determine whether insanitary conditions, such as overcrowding, prevail locally, or whether an outbreak elsewhere, with which communication has been established by transfer of recruits, drafts, patients, etc., is responsible. A large map of the United States hangs in the office of the Division of Sanitation, and by the use of a colored pin for each epidemic disease, stuck into its proper place on the map, it is possible to have at a glance a picture of the comparative health of different stations, to note the increase of sickness in one place, its diminution in another, etc.

The work of the Sanitary Division extends to the field. An officer of the Public Health Service is detailed to each naval district, where his principal function is to study and direct sanitary measures in the regular naval establishments and their environments. For example, the officer attached to the third naval district, which includes the State of Vermont, began an investigation of the outbreak of poliomyelitis in Vermont, with a view to determining whether the disease was sufficiently widespread to warrant the discontinuance or limitation of recruiting throughout that State. The position of these sanitary inspectors in the field makes them independent. Their orders are for "repeated travel," and under the medical aids to commandants they circulate freely through the naval district assigned, making favorable and unfavorable reports, offering recommendations, and giving timely warning of impending danger to health.

Under the auspices of this division, additional personnel can be secured for places where there is sudden and special need. At New York, at Great Lakes, and elsewhere civilian physicians having expert knowledge of bacteriology, epidemiology, etc., have been secured to render assistance to the working force of the Navy there. Similarly each naval training station now has in attendance a physician especially trained in psychiatry, who examines all recruits with a view to excluding the feeble-minded and intellectually defective. In most cases the services of these men, services of great value, are most easily secured by enrolling them as members of the Naval Reserve Force.

During three weeks in August, 1917, such specialists were able to weed out and recommend for discharge from the service, at the receiving ship, Norfolk, 20 recruits who were feeble-minded or suffering from other psychopathic condition.

At Great Lakes, Illinois, 9 recruits were discharged during August for various types of mental abnormality.

SANITARY MEASURES AND CONDITIONS AFLOAT.

IMPROVED EQUIPMENT OF THE MEDICAL DEPARTMENT OF SHIPS.—Adequate provision for the handling and treatment of the injured in battle and improvement of battle dressing stations continues to be a subject of earnest effort for the bureau. The plan of abandoning the sick bay and adjacent space in battle in favor of sites previously selected, protected by the ship's armor and having more or less permanent installment of lockers for surgical dressings, available running water, etc., is the basis for all elaboration in this regard. The U. S. S. *Pennsylvania* has, and other ships of this type about to be commissioned or building will have, a complete portable sterilizing outfit by which dressings, utensils, instruments and water can be sterilized by electricity at the respective battle dressing stations. Sterile dressings will be in metal containers stored in metal stands which can be carried from place to place as occasion requires. For ships of the older types whose sterilizing outfits in the operating room are immovable and require steam, ample supplies of surgical dressings will be prepared in advance of the dismantling of the sick bay, etc., when going into action, and sterile dressings in metal containers will be carried to battle dressing stations in the movable stands referred to. For all battleships the permanent installation of metal lockers at battle dressing stations behind armor has been recommended and largely carried out and reserve stores of dressings have been generously provided. Passages, ladders, hatches, which are to remain open and give the readiest access to the battle dressing stations, are now indicated by painted red cross and black arrow, so that men, even those who have joined the ship most recently and are least familiar with the intricacies of its structure, will have no difficulty in finding their way to posts of succor. Hereafter and beginning with battleship *No. 43*, vessels of that class will have installed auxiliary electric lighting circuits for operating room and battle dressing stations, so as to insure as far as possible adequate illumination of these important places amid the casualties of battle. The designs for the sick bay, dispensary, etc., of battleships *49* and *51* are based on the idea that the dispensary will be used strictly for the compounding and dispensing of drugs and for the clerical work done by the chief pharmacist's mate. The sick bay will be for the occupation of the sick, and maintained as nearly as possible like a ward in a hospital, all useless thoroughfare being shut off and that quiet and orderly atmosphere maintained so indispensable to the comfort of the sick, the efficient performance of duty by hospital corpsmen detailed for their care and the accurate and painstaking obedience to orders on the part of the Hospital Corps so difficult to enforce where the sick bay proper is used for the examination of drafts of men, for vaccinating, and for the handling of accident cases. By reducing somewhat the dimensions of sick bay and dispensary the space assigned for the doctor's office was increased so as to yield a compartment of ample size to permit daily sick call to be held there. It is intended that all accident cases shall be examined and minor surgical dressings done there. It will also be the place for examining and vaccinating drafts of men and for giving instruction to the Hospital Corps, and there will still be ample room for microscopic and bacteriological work, facilitated and encouraged by the use of the incubators now carried on the supply table and available for issue to cruising ships.

Among the important additions to the supply table are the following: Cabot steel splints, sheet wadding, basswood splints, rough toweling material for cleaning purposes, and elastic or crêpe (no rubber) bandages. Provision has been made for furnishing all ships with an ample supply of a suitable paraffin preparation for the treatment of burns. There has been issued, also, a chemical substance which permits the ready and accurate preparation of the invaluable Dakin fluid for use in infected wounds. Tetanus antitoxin has also been supplied, and ample stores of the other vaccines, antitoxins, and sera are available for distribution. Economical substitutes have been found for argyrol, protargol, ichthyol, and other expensive importations.

A standard pattern has been adopted for the shell wound or large wound dressing designed for first-aid use by officers and men during an engagement. Other dressings are now being prepared by uniform pattern, which will greatly simplify and accelerate the work.

The disadvantages of the old closed stool for use in the isolation and contagious wards of ships has been made the subject of frequent recommendations by medical officers, and in the construction of battleships *49* and *53* and subsequent vessels of that type there will be installed permanent toilet facilities in the isolation ward, thus increasing the ease with which contagious cases can be handled and obviating the necessity of conveying contagious material and infected articles from place to place on board ship.

A study of the details of the headgear, uniforms, gloves, shoes, and noninflammable clothing for the use of crews of vessels has been undertaken. Instructions have been issued as to the methods of reducing the inflammability of clothing. Changes have been made in the uniform outfits supplied to men serving on submarines.

The question of a proper substitute for the white uniforms of officers and men remains unsolved since this subject assumed conspicuous importance during the operations at Vera Cruz, Mexico, 1914. It can readily be appreciated that such a uniform is entirely unsuited to war conditions either ashore or afloat, and even in times of peace such a uniform when worn ashore, whether on liberty or on duty, entails great inconvenience. No matter how careful a man may be such a uniform soon becomes soiled and unsightly, and men going on liberty riding in street cars or trains, etc., in this apparel are almost certain in a very short while to look anything but neat and military. Rain and dust may render them unsightly in the first half hour of liberty, and if they are away from the ship there is no opportunity to shift into a clean uniform until their return on the expiration of liberty, which may extend for 24 to 48 hours. It is indispensable that the summer uniform should be of washable material, but the color should be different. Some of the Spanish troops in Cuba during and prior to 1898 wore a uniform of dark blue cotton material which kept its shape well, was neat in appearance, and not readily soiled. Khaki cloth has been recommended. It has been thought by many that a battleship gray would have distinct advantages.

The Navy and Marine Corps is still unprovided with any form of headgear adapted for use during operations ashore in hot weather or during tropical service. Neither the officers' cap nor the enlisted man's white hat affords any protection to the head and neck either against the rays of the sun or in heavy rain. It would seem the part of wisdom to adopt at least for the Marine Corps and those operating with them ashore in the Tropics a khaki-colored helmet of light weight having a prominent visor and a long, wide extension behind to shield the neck from sun and rain.

From the *New York*, *Texas*, and other vessels where the system of hot air heating is employed there have been received extended and carefully considered criticisms of defects inherent in the present system, which may be summarized briefly as follows: (1) When the heating system is in operation it is impossible to supply a given compartment with fresh air without heating said compartment at the same time, though the location and other conditions of that compartment may at the time call for fresh air and not for additional heat; (2) different parts of the ship where conditions are widely different, as, for example, a gun-deck compartment and a berth-deck compartment, are supplied from the same circuit. They can not be heated or aerated separately and independently. In moderate weather a gun-deck compartment may have sufficient natural ventilation and be cool while a berth-deck compartment is hot and close. These disadvantages are most conspicuous in the officers' quarters, which are divided into many small compartments and heated alike, though individual requirements for comfort vary widely. The low humidity existing in all compartments when heat is being supplied for any length of time has also to be considered and corrected. Abstracts of the reports on this subject have been sent to the Bureaus of Steam Engineering and Construction and Repair, and undoubtedly by the installation of several separate circuits and the use of a sufficient number of humidifiers these evils can be remedied.

Suggestions in regard to the adoption of an emergency ration for the Navy were requested from this bureau by the Bureau of Supplies and Accounts, and after conference with the Department of Agriculture and based on a long course of investigation made in that department a 1-pound ration was recommended. It was to be composed of 13 ounces of biscuit made from hard wheat flour, milk powder, salt, invert sugar, and lean beef free from fat or gristle, supplemented by 3 ounces of peanut butter, and calculated to supply something over 2,000 calories.

An officer of the bureau staff cooperated with representatives of the Bureau of Navigation in formulating specifications for an identification tag which, when employed in conjunction with the records of the identification division under the Bureau of Navigation, probably surpasses any method of identification previously adopted elsewhere.

Report of the fleet surgeon, North Atlantic fleet.—The fleet surgeon reports that 10 cases of pappataci fever occurred on the U. S. S. *Des Moines*, Naples, Italy. The diagnosis was confirmed by Dr. A. Castellani, an expert on tropical medicine. One case of anterior poliomyelitis is reported. It was contracted by a fireman on a navy yard tug in New York. The patient died. The diagnosis was verified by an expert from the New York Board of Health. The fleet surgeon suggests that on each ship a list be prepared of men susceptible to the acute infectious diseases so that in event of epidemics special attention may be focused upon them. The history would be obtained from the men's health records, and recruiting officers should therefore give particular attention to entries under "former diseases." These entries are too often made in a perfunctory manner. Many a candidate for enlistment will state that he has never been sick, but on being closely questioned will recollect that he had measles, whooping cough, etc., as a child. A most pertinent recommendation is to the effect that spigots be provided similar to the Pullman-car dental fountains, where men can get water for wetting their toothbrushes. The frequency of systemic infections from decayed teeth is universally recognized, dentists with expensive outfits are being assigned to ships, and for some years a regular crusade has been going on in the Navy to teach the importance of the care of the teeth: but it is idle to preach "clean your teeth" unless adequate opportunity to do so is furnished to every man on the ship. The first ship to have a dental fountain was the *Chattanooga*, and now there are similar installations on three of the newer battleships. Eventually a proper type will be generally adopted.

A more startling and radical suggestion is that of providing on all the larger ships laundry facilities for handling the white clothes and undergarments of the entire crew with ample drying-room space for blue clothes. In view of the sanitary advantages of this step, and when one considers the large amount of time consumed by the crew in washing their clothes, hanging them up to dry, etc., it may be well to consider the desirability of having 10 or 15 men give their whole time to this duty, leaving to the balance of the crew that much more available time for the distinctive work of their respective ratings. Ventilated metal lockers are suggested to replace the ditty boxes and canvas bags on board ship, the bags to be packed away and used only as containers when men are transferred. Galvanized-iron cans should be placed here and there on deck for collecting rubbish, paper, etc., as is done on the U. S. S. *Pennsylvania*. All ships should have outside sanitary slop chutes.

In regard to the Navy ration, the fleet surgeon notes that there is an excessive amount of coffee drunk by the men, largely as a matter of habit, and estimates that on an average 5 grains of caffeine are ingested daily per man. Fifty per cent of the bread ration should be from whole-wheat flour, for the sake of the increased nutritive value, the slightly laxative effect, and the vitamines present in the covering of grain, which are lost when the flour is finely bolted. Bronze-wire screening should be installed for all butcher shops, bakeries, and galleys, and for the different compartments assigned to the medical department. All battle-dressing stations should be connected with the ship's drains. The experience of the British Navy during the present war emphasizes the importance of this provision.

From January 1 to September 30, 1916, a systematic study was made of the stools of orientals and southerners in the personnel of the fleet. The percentage of those infected with Necator americanus (hookworm) was 8.77.

The following recommendations appear in reports from individual ships of the fleet: Provide cooler bread room, excessive heat in this compartment hindering good bread making; improve ventilation of central station; provide exhaust ventilator hood over steam sterilizers, as escaping steam condenses overhead and drops upon operating field. Facilities for washing the hands and paper towels should be provided in the crew's heads. The caféteria system of messing in vogue on the U. S. S. *New York* is recommended for all ships. Aluminum nested carriers should be used in serving food to the men. If mess cooks have to handle food in distributing it to mess tables, they should wear cotton gloves when so doing.

REPORT OF THE FLEET SURGEON, PACIFIC FLEET.—The employment of vessels of the Reserve Force for active service in the Tropics when using reduced complements of officers and men involves a strain upon the physical resistance of the personnel beyond that which should be demanded except in national emergencies. Though a ship may be designated as "reserve," the work required for its upkeep when cruising demands a full crew, especially in the Tropics, and undue physical strain not only reduces the efficiency of the ship's company but tends to create a feeling of discontent, which lessens reenlistments and discourages recruiting. As an example of the effect of this strain, one vessel may be referred to which served with a reduced complement, and within a period of two months in Mexican waters transferred for physical reasons 2 commissioned officers, 2 coxswains, 9 seamen and ordinary seamen, 2 water tenders, 2 oilers, 14 firemen, 1 ship's cook, 1 yeoman, and 1 shipfitter.

The one supply vessel serving with the fleet has been almost continually under way in order to keep the vessels serving in tropical waters supplied with fresh provisions. In spite of this very active service the physical efficiency of her crew has been maintained. This is considered to be due to the fact that in the performance of this duty the vessel spends one-third of the time in a temperate climate.

The use of the *Milwaukee* as tender to the destroyers has proved an admirable arrangement, as her enlarged medical department is able to care for the sick and injured among the thousand or more men serving on the fleet destroyers. In the absence of a hospital ship this has been of great benefit to the well-being of the personnel. Owing to political conditions in Mexico most of the vessels of the fleet have at one time or another transported refugees from Mexican ports on the west coast, but the bulk of this work has fallen upon the *Buffalo* and the *Glacier*.

The need for the services of a hospital ship in this fleet is apparent and the lack of such services has resulted in a diminished conservation of life and health in the personnel. The only naval hospitals on this coast are situated at great distances from the scenes of active operations. The means of transport are few and far between and the facilities for caring for sick and injured on the Government vessels which can be spared to transport patients to hospitals are inadequate. Every naval vessel bound north carries her load of sick and injured. The supply vessel has a medical officer, and for this reason is used as a hospital transport, but the facilities for caring for the sick on such a ship are limited and it is undesirable to employ for this purpose a vessel intended to convey provisions. The colliers do not carry medical officers, and they are in every way unfitted for transporting the sick, but necessity leads to their employment for this duty. Thus patients suffer delay in receiving hospital treatment and are subjected to undue discomfort if not positive injury during transportation by the crude means available.

San Diego, being the United States port nearest to the sphere of operations in waters of the west coast of Mexico and Central America, is a port of call for all vessels of the fleet bound south or north, and it was necessary to make free use of the civil hospitals in that city. Infectious cases were treated at the municipal isolation hospital and noninfectious cases were treated in civil hospitals under the care of the officer of the United States Public Health Service on duty in the port.

Malarial infections have been noted on nearly every ship serving in Mexican and Nicaraguan waters. On one of the vessels of the Reserve Force serving in Mexican waters 46 cases of malarial fever developed within 16 days. An epidemic of measles occurred on the destroyer *Paul Jones*. An epidemic of mumps occurred on the *Oregon*, and there were a few cases on the *South Dakota* and *Pueblo*. A single fatal case of cerebro-spinal meningitis occurred on the *Albany*. Several cases of amebic dysentery were admitted on vessels serving in Mexican and Nicaraguan waters. They probably originated from insufficient precautions in regard to fresh fruit and vegetables obtained from shore. A brief immersion of all fruits and vegetables in boiling water affords reasonable protection against this type of infection and should be rigidly enforced on vessels of the service.

The absence of smallpox in the fleet, in spite of the fact that it exists in epidemic form in several of the Mexican ports and in spite of the number of refugees from infected ports transported on our ships, is a commentary on the efficient precautionary measures adopted in our service. Of accidental injuries occurring in the fleet the most serious was that which involved the death of six men through the taking fire of gasoline which was being used below decks for cleaning purposes on the destroyer *Preble*.

There has been a shortage of medical officers in the fleet to such an extent that the commander in chief viewed the situation with concern when preparations were being made for active service. Except on the flagship there was but one medical officer to a ship. With most of the ships acting singly on patrol off widely separated ports there were no reliefs for medical officers incapacitated by illness or required for sanitary service ashore or with landing parties. It is urgently recommended that no medical officer be ordered to duty with this fleet who has not had previous experience of at least one cruise on a man-of-war and who has not proved his ability. It is only by actual naval experience afloat that a medical officer can learn what can and what can not be done in the handling of sick and wounded on ships of various types and what are the available means of maintaining physical efficiency.

The importance of *sanitation in connection with vessels of the train*, especially in their relation to the active force, is not fully appreciated by the officers of the line. On vessels which carry medical officers sanitary matters are constantly brought to the attention of those in authority with the result that a high standard of sanitation is maintained on them, but on ships of the train which have no medical officers and are often manned by civilian crews little or no attention is paid to sanitary considerations. The *danger of infections being introduced into vessels of the fighting force* through contact with insanitary vessels of the train has not been brought home to the officers of the service through catastrophe in campaign, nor has it probably been elucidated in courses of instruction at the Naval Academy or War College. The Japanese navy learned the lesson through experience in the war with Russia, with a resulting reorganization of the relations of officers of high command to their sanitary advisors and a rewriting of regulations in regard to inspections and control of sanitary matters in vessels of the train. An officer who served on Admiral Togo's staff once informed the writer that the admiral was more concerned over sanitary affairs than anything else during the war with Russia. He said, in effect, that the admiral was fully conversant with the ships of the line, knew of their training and ability and just what each ship could or could not do, but that when two of the battleships were practically put out of action because of infectious diseases introduced through contact with infected supply ships, and when the trained crews of torpedo vessels were being broken up through physical breakdowns due to improper precautionary and personal hygienic methods, he felt that he was facing a serious problem. During the past year we have had an instance in this fleet which would indicate a similar danger in our own fleets. The collier *Brutus* was sent from the Atlantic to the Pacific coast with a load of coal. At the first Pacific port visited, Corinto, two patients were transferred to the care of the medical officer of the *Raleigh*. One of these cases was further transferred via commercial steamer to hospital at Ancon, Canal Zone, but one case diagnosed as typhoid fever could not be so transferred because the captain of the steamer stated its presence on board would cause his vessel to be put in quarantine at Panama. There being inadequate facilities for treating this case on board the *Raleigh*, the medical officer on duty with the United States marine detachment, legation guard, at Managua, Nicaragua, took this patient to Managua and at personal inconvenience treated the case in his own quarters. The next report from the *Brutus* was contained in a radiogram from the master, while the vessel was at sea, stating that the first officer and one of the electricians had high fever and requesting medical assistance. The ship was accordingly diverted from her assigned duty and directed to proceed to Manzanillo, the nearest port at which a naval medical officer was available, in order to obtain medical treatment for the sick from the *Pittsburgh*. From Manzanillo the *Brutus* proceeded to La Paz, where she fell in with the *Milwaukee*. The *Milwaukee* reported by radio: "*Brutus* * * * is in extremely insanitary condition, has considerable malaria on board. Two cases put on *Pittsburgh* and four men one officer on *Milwaukee*. More will probably develop. Medical board recommends she be sent north immediately. *Brutus* has insanitary ice box needing immediate attention. Freeman." The vessel was ordered to proceed to Mare Island. On arrival, she was inspected by a board of inspection and survey. The board found the ship's quarters dirty and rat and vermin infested, and recommended the permanent removal of the bottom strip of wood sheathing on ship's side in living quarters for cleaning and driving out rats. The yard surgeon at Mare Island recommended fumigation of the ship. The board of inspection stated: "The board finds that discredit attaches to the present commanding officer and the first officer for the dirty and insanitary condition of the ship, especially in the officers' quarters. Attention is invited, however, to the reduced complement due to illness of part of the crew transferred while the ship was in Mexico." In the opinion of the writer, the board has transposed cause and effect, and the loss of crew through illness, instead of mitigating the discredit attachable to the officers, is to be considered as the inevitable result of the insanitary conditions existing on board the vessel. In this connection, attention is invited to the desirability of having a trained sanitarian as one of the members of each board of inspection and survey.

When the lower Otay Dam, near San Diego, broke in January, and the Otay Valley was flooded, medical relief was afforded to the inhabitants of the district by Assistant Surgeons C. I. Wood and F. L. Conklin, United States Navy, and five hospital corpsmen, at that time attached to vessels of the Reserve Force. These officers and men were indefatigable in the performance of this duty, covering the entire flooded district by boat and on horseback, and rendered efficient and valuable service to the stricken inhabitants. Their work included the establishment of sanitary regulations in refugee camps, the posting of signs and giving instructions in regard to the boiling of drinking water, the burial of dead animals, the disinfection of excreta and decaying matter, the treatment of sick and injured, and the transfer to hospital of a few cases.

THE HOSPITAL SHIP "SOLACE."—The hospital ship *Solace*, now twenty-odd years old and in constant need of repair, continues to render invaluable service both to the fleet and to military establishments ashore. From February 9 to April 10, it operated with the fleet in Cuban waters. From June 1 to August 24, it made the round of the principal ports of Haiti and Santo Domingo and returned three times to Guantanamo Bay for coal. On August 24 orders were received to proceed to the United States calling en route at nine ports in the Island of Dominica to receive patients and deliver medical stores. On September 1, in obedience to radio orders, the *Solace* arrived at Santo Domingo City and took on board 40 sick and injured and 8 dead from the U. S. S. *Memphis*. From September 12 to December 31, it operated with the fleet.

Number of patients admitted during 1916, 98; readmitted, 491; discharged to duty, 300. Total number of sick days, 10,936. Major operations performed, 96; minor operations, 27; genito-urinary operations, 89. Examinations, 284. Laboratory examinations, 1,628. Eye, ear, nose, and throat treatments and operations, 4,258; major operations, 3; minor operations, 102.

When the ship is with the fleet, or any considerable portion of it, an ambulance service is put into effect similar to the ambulance service rendered by hospitals ashore. At a definite hour every day the *Solace's* ambulance boat calls at ships having patients for hospital and returns men discharged to duty.

The medical department of the ship is composed of four divisions: (1) Administrative; (2) surgical; (3) medical; (4) commissary.

The disadvantages of coal as a fuel for the motor power of hospital ships is emphasized. *It takes from 3 to 8 days to coal* the *Solace*, depending on the number and character of the contract laborers employed. During these extensive periods of coaling, all parts of the ship become filthy, discomfort and inconvenience are occasioned to the patients, and aseptic surgery is rendered difficult. It takes a long time to clean up after each coaling.

Unfavorable and widely advertised criticism of the administration of the *Solace* in May, 1917, lead to prompt official investigation by a board of prominent civilians, one of them a physician, appointed by the Secretary of the Navy. This board heartily exonerated the staff of the hospital ship from the charges preferred and absolved it from responsibility for the overcrowding of the ship which entailed minor discomforts and privations for patients under treatment during the brief periods between their arrival on board and conveyance to hospital ashore.

I can not refrain from testifying here to the zeal and energy generally displayed throughout the medical corps during a vital period of change, expansion and reorganization and from expressing the satisfaction I experienced at a time which was for me full of gravest anxiety on noting from personal observation the earnest devotion to duty which everywhere characterized our medical officers.

HOSPITAL AND AMBULANCE SHIPS.—When Congress by the appropriation act of 1916 authorized the building of a hospital ship for the Navy elaborate plans had already been completed for this work embodying all the features outlined in my report of last year, and it was hoped that the keel would be laid and the construction pushed to completion without delay, so that a hospital ship designed and perfected according to the latest ideas and conforming to the most modern and exacting requirements might be available in the event of any large increase in personnel or of a call to arms. Unfortunately other work has taken precedence of the hospital ship, and it has only attained to about 15 per cent of completion.

Meanwhile there is urgent need for ambulance ships. The ambulance ship is used to transport sick and wounded men from fighting units to hospitals ashore, and while requiring less elaborate equipment must have ample accommodation for a large number of sick, facilities for caring for them in transit, and a large and capable staff of doctors and nurses, and it must be prepared to come and go constantly at a fair rate of speed. Plans for converting certain designated merchant vessels to this use have long been on file in the bureau.

The steamship *Havana* of the New York & Cuba Mail Steamship Co. has been selected and is now at the navy yard, New York, undergoing conversion and will probably be ready for service in four or five months.

Another ship, the *Saratoga*, belonging to the same company, and a sister ship of the *Havana*, is being considered for conversion for this same purpose.

The small ambulance ship *Surf*, affiliated with the American Red Cross, reported for duty with the fleet on June 2. It has been employed since arrival in transporting cases of some of the milder contagious diseases from Fleet Base to a Naval Hospital. The service of this vessel became available through the generosity and patriotism of its owner, Dr. John A. Harris, a public-spirited citizen of New York, who bears all the expenses of upkeep.

SUBMARINES.—Passed Assistant Surgeon R. W. McDowell, in a carefully prepared report from the submarine base, New London, Conn., urges that especial care be taken in the selection and detail of officers for instruction at the submarine base. He says in part: "Not only should officers be given a special physical examination with higher requirements, but special attention should be given to their temperamental qualifications. The safety of a submarine depends absolutely upon the commanding officer or his second in command, and only the carefully selected and trained officer should be detailed for that duty. Without making any invidious comparisons, it is evident that some of the officers sent to the submarine school were not carefully selected with reference to their temperamental and physical qualities. In addition to a liberal amount of good sound judgment, the following-named qualities are, in the writer's opinion, necessary: Mental and physical alertness, self-reliance, coolness, self-control, attention to detail, appreciation of the necessity for effort, and ability to inspire confidence in men. The following-named qualities are undesirable: Mental or physical weakness, lack of attention to detail, indecision, poor judgment, laziness, carelessness, and hereditary lack of stamina. Officers should be given a careful physical examination before they start on the course of instruction, so as to exclude those having any physical defects, and during the course they should be carefully picked over again with special reference to temperamental qualifications."

It would seem that officers detailed for instruction with a view to duty on board submarine vessels should be as carefully selected as are those for aviation duty, though not necessarily on the same lines. The aviator flies alone or accompanied at the most by one or two men, whereas the submarine commander has from 15 to 20 men under him whose lives are wholly in his keeping, and certainly nothing in the whole range of a naval officer's duty calls for more perfect physical, mental, and moral equilibrium than the command of a submarine in war.

Dr. McDowell comments on the marked physical deterioration manifest in many young officers of his acquaintance since he was first associated with them at the Naval Academy. As a measure to stimulate interest in physical exercise out of doors and to compel them to take it, he makes the suggestion that, instead of the monthly physical exercise for officers hitherto in vogue, officers be permitted to choose the form of exercise they prefer, as walking, tennis, golf, swimming, horseback or bicycle riding, rowing, skating, handball, basketball, baseball, etc., and be required to be engaged in some such form of exercise for a minimum number of hours per month, based on their ages. For example, officers between 20 and 30 years of age might be required to do a minimum of 15 to 20 hours exercise a month, those between 30 and 40 a minimum of 12 hours a month, etc.

The monthly walk, required up to the commencement of the war, was universally regarded as more of a task than a benefit. If he went alone with his thoughts, or if he went in company with another officer, with whom he was sure to discuss features of military life, the officer usually came back physically weary and mentally unrefreshed. When the compulsory physical exercise is resumed it would seem the part of wisdom to consider carefully the psychical side of the subject and to authorize and encourage those forms of physical exercise which call into play something more than the mechanical movement of the limbs.

In addition to the study of matters affecting the personnel of submarines made by Passed Assistant Surgeon R. W. McDowell, already referred to, other medical officers connected with the submarine service have been concentrating their attention on the needs of this important branch. Passed Assistant Surgeon E. W. Brown, United States Navy, has served as member of a board to consider problems of ventilation and air purification and mechanical devices for oxygen supply, the detection of hydrogen, the absorption of CO_2, etc.

In his annual report from the U. S. S. *Ozark* Passed Assistant Surgeon J. R. Phelps, United States Navy, emphasizes the necessity of providing a reasonable degree of comfort, habitable quarters, and ample washing and bathing facilities to crews of submarines after a submersion or cruise. The period of duty when a submarine is submerged or running on the surface entails real hardship as well as personal discomfort and privation, and when the arduous work is temporarily suspended the men must enjoy such privileges and surroundings as will rest, refresh, and rehabilitate them if they are to be contented and efficient. While vessels of the old monitor type, like the *Ozark*, the *Tallahassee*, and the *Tonopah*, are admirably adapted for service as submarine tenders in a few details, such as facilitates for approach and departure of submarines, embarking and disembarking by submarine crews, the merits of the low freeboard are overshadowed by serious objections. The number of available billets barely suffices for the full complement of the vessel itself, so that when the submarines' crews come aboard there is serious overcrowding. These ships have insufficient storage space, little room for messing, and inadequate washing and bathing arrangements. The *Bushnell*, on the other hand, a ship built for the purpose of tending submarines, seems satisfactory in every way.

The accommodation provided for officers on the old type of tenders is also inadequate. Officers on submarine duty require additional clothing and have no space for stowing it. Periodically and after submersions and surface cruises the officers have voluminous reports to prepare, but their small, uncomfortable rooms make the necessary paper work disagreeable and difficult. Dr. Phelps ascribes partly to these conditions the dissatisfaction with submarine work and the frequency with which it is given up after a certain length of time by young officers who entered this field with ambition and ardor. He adverts also to the great importance of care in the selection of enlisted men for submarine duty. The peculiar motion of the submarine, the limited ventilation, and the contamination of air by various gases all tend to produce some degree of seasickness, and those of the complement who are affected in a marked degree should be eliminated, no matter how valuable the services they render in making alterations and repairs during a stay at a navy yard. A clever electrician, for instance, is apt to endear himself to his commanding officer, but he is useless when the submarine is underway if subject to seasickness. Those who suffer from seasickness are a dead weight to be carried and have a demoralizing effect upon the remainder of the personnel.

In general, the report commends the sanitary arrangement on the "L" class, except in regard to the forward compartments, which are without ventilating devices, though a portion of the crew is stationed in them. From the sanitary point of view the larger type of boat has everything to recommend it, for the comfort of the personnel is always an important contributing factor to health. Better ventilation, more room for stores, more freedom of movement, and less overcrowding are all obtainable in the larger submarine.

Considerable thought and study has been devoted to the question of appropriate clothing for officers and men detailed to submarine duty. The small open bridge of the submarine affords not even the shelter that can be obtained on the bridge of the battleship, and the officer on duty there and his assistant suffer acutely in winter weather from cold extremities. Protection for eyes and ears and means of keeping the feet warm and dry are indispensable. On the submarines that remained north last winter tests were made of especially thick garments, etc., with the above requirements in view.

SANITARY CONDITIONS ASHORE.

Among the permanent features of the expansion of the Navy's facilities for handling the sick connected with the normal progress and development of our sanitary service may be mentioned the work made possible by the naval act of August 29, 1916, which provided for enlargements of existing buildings or the erection of additional buildings at naval hospitals. For the naval hospital, Canacao, P. I., appropriations were made for the erection of six hospital units for the treatment of contagious disease; appropriations were made for three contagious pavilions at the naval hospital, Newport, R. I., which have been completed; at the naval hospital, Mare Island, an extension of the mess halls was appropriated for, designed to double the messing capacity; at the New York Hospital three 2-story brick buildings have been completed. They are for the handling of contagious cases and are installed with the necessary electric connections, gas, water, telephone, and sewerage. Each is provided with diet kitchen, ward, toilet, quiet room, medical officers' room, nurses' room and toilet, and two halls. Three contagious pavilions have also been erected at Puget Sound.

By the naval act of March 4, 1917, provision was made for additions to the dispensary building so as to increase the accommodations for bed patients at the navy yard, Charleston, S. C., and these alterations and enlargements have now been completed.

Three contagious pavilions were authorized for each of the following: Naval training station, San Francisco, Cal.; naval hospital, Portsmouth, N. H.; naval hospital, Great Lakes, Ill.

At the naval hospital, Fort Lyon, Colo. (formerly Las Animas), $25,000 was appropriated by the act of August 29, 1916, for the erection of necessary buildings, the purchase of land for pasturage, and the purchase of a dairy herd to facilitate the proper subsistence of patients at that institution.

At all our hospitals and establishments in navy yards the work of upkeep has been energetically conducted.

At the Naval Academy, Annapolis, exhaustive studies have been made of the subject of adequate illumination of buildings occupied by midshipmen. This work was carried on with great energy by Passed Assistant Surgeon G. B. Trible, United States Navy, in consultation with the most eminent specialists in this country.

Naval Academy, Annapolis, Md.—As in the past, the medical officers at this institution display great zeal in safeguarding the health of the midshipmen. Because gastrointestinal disturbances are common in the pupils at the academy in spite of rigid food inspections, it is proposed to keep a sample meal each day to be available for analysis if there should occur any serious disturbance attributable to diet. In January an outbreak of diarrhea occurred, which was ascribed to tinned spinach. In March the dairy herd was tested for tuberculosis, and reactions occurred in four cases. The animals were slaughtered and lesions of tuberculosis discovered. As the cows had been but recently purchased, there was no indication of general infection of the herd. Tin-lined copper kettles in the mess hall have been replaced by aluminum kettles for fear of poisoning. In May the milk from the herd was pasteurized because some of the cows were suffering from garget or inflammation of the udders, a contagious malady which might lead to diarrhea or sore throat in those using the milk.

Contagious diseases have been in abeyance in spite of their prevalence in the vicinity. Influenza alone reached the proportions of an epidemic. Isolation and transfer to hospital have prevented the spread of other acute fevers. Where only two midshipmen occupy a room together it is considered advisable to regard the roommate of any man having a contagious disease as a suspect, and he is transferred with the sick man for observation.

The total number of sick days has been less than last year by 1,091 days. The percentage of sick in 1915 was 0.740; in 1916, 0.514. The following table shows the results of examinations of candidates for admission for three years:

	1914.	1915.	1916.
Total number candidates examined	331	296	676
Total number candidates rejected	101	75	111
Per cent of rejections	30	25	16

Causes of rejection, 1914–1916 both inclusive—

Defective hearing	103
Defective vision	106
Enlarged tonsils	15
Varicocele	15
Color blindness	25
Deviation of nasal septum	10
Flat feet	9
Poor physique	10
Defective teeth	6
Persistent albuminuria	5
Cardiac irregularities	10
Skin diseases	2
Deformity from old fractures	6
Hydrocele	2
Enlarged turbinates	3
Perforation tympanic membrane	3
Perforation of septum	3
Otitis media	1
Under height	1
Under weight	1
Hemorrhoids	1
Hallux valgus	1
Chronic pharyngitis	2
Hernia	2
Ulcers	2
Varicose veins	1
Glycosuria	1
	346
Accepted after treatment or operation	59
Final rejections	287

United States Naval Dispensary, Washington, D. C.—Total number of calls paid by doctors at the dispensary, July, 1916, to July, 1917, 7,931. Office consultations and treatments, 3,104; increase over last year of 2,482 house calls, 872 office consultations. Prescriptions put up, 13,696; increase of 2,074 over last year. One hundred and thirty-one electric treatments; 238 hot-air treatments for chronic joint troubles. Total number of treatments for eye, ear, nose and throat, 3,962. Dental treatments to officers and men on active list, emergency treatment to members of retired list and Naval Reserve, 758.

STATIONS BEYOND THE SEAS.

VIRGIN ISLANDS OF THE UNITED STATES.—The transfer of the Danish West Indies to the United States under the designation Virgin Islands and the appointment of a naval officer as governor has entailed upon this bureau a careful study of many important problems of sanitation. Surgeon C. S. Butler, United States Navy, was ordered to St. Thomas as principal medical officer, and he has been busily engaged with the many problems that immediately confronted him. The three main islands of the group have an aggregate population of 25,000 or more. The diseases which have to be principally considered in the sanitary survey of the new possessions are: (1) Those of more or less general prevalence everywhere, such as tuberculosis, pneumonia, etc.; (2) diseases spread by mosquitoes; (3) diseases spread by human excreta; (4) diseases spread by sexual intercourse; (5) diseases due to deficient quality and quantity of food. While the physicians of the previous administration were able and conscientious men, they were seriously hampered by lack of funds, the conduct of sanitary affairs being under the home government in Copenhagen, whence very little money was forthcoming for up-to-date work in this line. It can not be held that whatever military or commercial advantages are to be derived from the acquisition of this territory were paid for by the initial purchase price alone. The possession of the territory imposes on our Government the duty of adequately providing for the health and social development of the inhabitants.

At present no measures are in force to exterminate mosquitoes; the disposal of sewage is primitive and inefficient, and this, taken in conjunction with the practice of obtaining drinking water from pools, cisterns, and wells, makes for the dissemination of disease. Venereal diseases are widely prevalent, and laxity of the marriage laws not only contributes to this but has induced a high rate of illegitimate births. There is a chronic condition of underfeeding among the natives, which, by reducing their energy and capacity for work, tends to make the islands unproductive and doubtless contributes a causative factor in the production of pellagra, which is rather conspicuously present.

The hospital at Christiansted was destroyed by the hurricane of 1916. Those at Frederiksted and St. Thomas, inadequate as they are, are crowded to their utmost capacity. There is a dearth of physicians, pharmacists, pharmacies, dentists, dispensaries, laboratories, and health officers. The practice of obstetrics is largely in the hands of midwives.

The conspicuous and crying needs established by Surgeon Butler's survey of the situation are: The appointment of a director and board of public health; one or more sanitary engineers, pharmacists, dentists, local health officers; a well-equipped laboratory; increased hospital facilities and dispensaries and public physicians for effective charity work. In May of this year a building was rented for temporary use as the naval hospital. A larger building has since been rented and full equipment for accommodating 35 to 40 patients of all classes has been supplied. An officer of the United States Public Health Service has been detailed by the Treasury Department for quarantine work in the islands, at the instance of the Navy Department.

Besides Surgeon Butler there are now six medical officers on duty in the Virgin Islands, assisted by 15 members of the Hospital Corps.

NAVAL STATION, GUAM, L. I.—Reports from the island of Guam show progressive, steady improvement in health conditions since the American occupation. During the year 1916 there were no cases of pneumonia or pleurisy; no typhoid fever; no acute exanthemata. The birth rate is on the increase, and there is a slight reduction in the mortality figures in spite of tuberculosis, which threatens to become a serious factor. It is with regret that we notice the increasing prevalence of this disease in Guam. A hospital for tuberculosis begun in 1913 was finally opened in August, 1916, and eight cases were immediately transported thither. As the facilities of the hospital are limited it is proposed to keep a certain number of mild or incipient cases in the hospital for a limited time and endeavor to build them up by rest and good food and then periodically substitute in turn other groups of patients.

Among the children of the island there exists a widespread chronic conjunctivitis of follicular type, more than 50 per cent of the juvenile population being affected. The conjunctivitis strongly resembles trachoma, but none of the characteristic sequelæ of trachoma are found.

The two remaining cases of leprosy have been deported to Culion. The insane have been sent to the San Lazaro Asylum, Manila. The considerable task of vaccinating every native on the island was completed in July, 1916. The usual medical and sanitary work throughout the island has been continued by medical officers and hospital corpsmen. A certain proportion of the Hospital Corps has been distributed throughout the island. Chief pharmacist's mates are doing useful work as health inspectors in some of the small villages. Owing to the unusual rainfall during the year epidemic asthma has been less prevalent than usual. Twenty-six cases with nine deaths have been recorded. The 369 cases of gangosa report once a month for inspection. It is interesting here to recall the fact that no case of syphilis has ever been acquired in Guam by any member of the American military force.

No diseases due to them prevail in Guam, but strenuous efforts continue to be made to get rid of mosquitos, as they are regarded as pests. Unfortunately the natives do not experience any annoyance from either flies or mosquitoes, and the habits and habitations of the natives are of a character to counteract in large part the efforts at extermination made by the naval authorities. Since October, 1916, 107,830 rats have been killed. The complete extermination of these rodents is impossible without the use of conical tin shields on every young coconut tree.

Weekly conferences of heads of departments are held at the palace, presided over by the governor. At these meetings suggestions are made and discussed and matters of importance for the naval contingent on the island and matters of general public interest are referred to appropriate committees, with great saving of paper, labor, and time and with remarkable coordination of the various activities.

The subject of healthful recreation for the men continues to occupy the attention of the authorities. Moving-picture shows are given whenever films can be obtained. Of the three tennis courts, one is permanently assigned to the use of the enlisted men. Twice a week there are baseball games as part of a 90-game baseball schedule for the year.

There were three deaths in the hospital during the year: (1) Abscess of the liver (not dysenteric); (2) tetanus; (3) traumatism.

Practically 100 per cent of the natives are infected with intestinal parasites, and there can be no marked improvement in this particular until sanitary toilets come into general use.

In 1911 the native population was 11,993. There were 278 deaths and 526 births. In 1916 the native population was 14,142. There were 241 deaths and 643 births.

There are on duty in Guam 8 medical officers, 1 dental officer, and 25 members of the Hospital Corps.

HAITI AND SANTO DOMINGO.—There are now on duty in the Republic of Santo Domingo 11 medical officers, 1 dental officer, and 18 members of the Hospital Corps. There are on duty in Haiti 7 medical officers, 1 dental officer, and 30 members of the Hospital Corps. In addition to this are to be mentioned 3 medical officers and 10 members of the Hospital Corps detailed for duty with the Haitian gendarmerie. In general the work of these officers and men during the past year has been highly satisfactory. They labor under conditions of a most trying and discouraging nature. The sanitary condition of the whole island is indescribably bad, and can not be brought up to a modern standard for many years to come, as it is only by educating the native population that permanent changes for the better can be effected, and this takes time. However, marked local improvement has been brought about in all the towns occupied by our forces, and the medical officers of the Navy and the members of the Hospital Corps under them have been indefatigable in their efforts along these lines. Streets and public squares have been cleared of rubbish and filth, trenches have been dug for drainage, breeding places for mosquitoes have been destroyed, vaccination has been administered, information about safeguarding health has been disseminated, dispensaries and hospitals have been renovated or established, and everything possible has been done within the limits imposed by available funds and workers.

Passed Assistant Surgeon F. X. Koltes, United States Navy, the medical director of the gendarmerie of Haiti, reports that syphilis, malaria, and intestinal parasites are the principal causes of lowered vitality among the native population of Haiti. He has a laboratory in full commission, where about 40 Wassermann tests are made each week. In the tests made on prisoners and members of the gendarmerie 60 to 70 per cent of the Wassermann tests gave a positive reaction. Careful records are kept of these cases, and they are receiving treatment as promptly as it is possible to administer it. Already a noticeable improvement has taken place in the general appearance and physical efficiency of the gendarmerie, this being most conspicuously true of the palace guard. The gendarmerie is making systematic efforts to secure complete registration of births and deaths throughout the country, with a view to the preparation and study of vital statistics, which constitute such an important feature of the public health service. A native hospital corps is being developed for the gendarmerie under the tutelage of its medical officers. As these men become reasonably proficient they will be detailed to selected posts for independent duty. A small hospital of 20 beds for the use of the gendarmerie is in operation at Port au Prince and hospitals are under construction for Cape Haitien and Aux Cayes. Assistant Surgeon J. B. Helm, United States Navy, the medical officer for the gendarmerie of Cape Haitien, is also the public health officer of that station, and his work in both capacities has been of a high order.

Assistant Surgeon L. F. Drumm, United States Navy, in his report on the town of Jacnel, Haiti, says: "Since the coming of the Americans a general clean-up of the city has been inaugurated. Roads have been built, streets graded, gutters dug and drained, grass and brush have been removed from the streets. Gendarmes are on duty in the market place to prevent the infraction of recently enacted sanitary laws, which aim to suppress the general practice of urination and defecation in public, provide for the collection of refuse from the streets, and for the corraling of stray hogs, goats, and dogs. The town is still filthy, but has improved greatly since 1915. The prevalent diseases are: Leprosy, syphilis, dysentery, gangosa, and a fever resembling dengue."

Assistant Surgeon W. H. Michael, United States Navy, writing from the town of Port de Paix, Haiti, says: "There are no reliable records of death from which vital statistics can be compiled. Mortality in children is known to be very high, due principally to malnutrition and malaria. Puerperal infection plays a considerable rôle in the mortality of the women. They nurse their children from one and one-half to two years, a practice partly justified by the difficulty of obtaining suitable food for children. Venereal diseases are widely present. Practically all open wounds rapidly develop myiasis. Markets have been improved by instituting more careful supervision of the wares offered for sale. Animals are inspected before killing, and milk whose specific gravity indicates dilution is thrown out. The markets are cleaned after market day and a special cleaning is given Sunday morning by prison labor. Efforts are made to keep beggars with open sores out of the market. Early in 1916 a concrete abattoir was constructed near the sea, arranged so that all refuse could easily be washed away."

Assistant Surgeon W. A. Stoops, United States Navy, writing about the town of Miragoane, Haiti, says: "Upon our arrival there were many swampy places in and near the town serving as breeding places for countless mosquitoes. These places have all been filled in or drained. House to house inspections have been made, and the natives have been instructed in the sanitary essentials that relate to privies, open wells, and garbage disposal. As a whole the people responded willingly to our demands and violations of sanitary regulations are mainly due to ignorance or poverty. There appears to be very little disease among the cattle of the country. The principal danger lies in the careless handling of the meat by natives. The houses are dark, poorly ventilated, and overcrowded. Few of the dwellings have latrines or any means for proper disposal of sewage.

A small hospital and dispensary was established in April, 1916, out of appropriations made by the Haitien Government. Up till that time there was no provision for the treatment of the victims of syphilis, leprosy, tropical ulcers, and elephantiasis who were too poor to obtain the services of the native doctors and wandered about the streets begging alms and exposing their disgusting and dangerous condition to the gaze of the public and the bites of flies. I have seen old ulcers teeming with maggots. My hospital apprentice and I have conducted the work of treating these cases in our four-room dispensary and have had as high as 20 patients a day. In Gonaives, a town of 6,000 inhabitants, 75 miles north of Port au Prince, earnest efforts were made to clean up the market place. Many cart loads of manure and refuse were removed, and the lot was filled in to a height of over a foot with crushed rock and sand. A shed 10 feet wide with a sheet-iron roof and cement floor has been constructed forming a hollow square. Within this is a similar but smaller shed, a 25-foot roadway separating the two. All animals on the hoof are now excluded from the market place, as are the vendors of fish and meat for whom there is a separate market on the water front."

For the purposes of military administration, the Dominican Republic has been divided into two districts, the northern and the southern, the former having headquarters at Santiago, the latter at Santo Domingo City. The following are the statistical summaries for the field hospitals at these centers:

Santiago City—	
Total admissions	676
Total sick days	6, 671
Percentage of sick	1. 6
Santo Domingo City—	
Total admissions	557
Total sick days	4, 480
Percentage of sick	3. 0

The following tables show admissions and readmissions to the field hospital, Santo Domingo City, for October, November, and December:

	Admissions and readmissions to hospital.	Percentage of total admissions.
Malaria	70	22
Dengue	56	18
Venereal	88	27
Other diseases	108	33
	322	100

Admissions to hospital.

	Malaria.	Dengue.	Venereal.	Other diseases.	Total.
August	16	0	12		
September	34	0	14		
October	34	15	22	33	104
November	33	17	21	37	108
December	3	24	40	38	105

Admissions with malaria from different companies during October and November.

Organization.	Enlisted strength.	Admissions and readmissions.	Per cent of enlisted strength.
First Company	99	12	12
Fourth Company	87	4	5
Fifth Company	111	27	24
Fourteenth Company	87	17	20
Memphis Detachment	54	2	4
Total	438	62	14

The following conclusions appear to be warranted:

That companies which remained in Santo Domingo City upon regular guard duty did not develop malaria, whether they previously had been infected with malaria or not.

That companies going into the interior on prolonged expeditions developed malaria, in part because of exposure to new infections and in part because of the recrudescence of old infections under conditions of severe physical strain and exposure.

During the year 1916 there were in Haiti and Santo Domingo six deaths from casualties in action: One officer and five men.

NAVAL STATION, SAMOA.—Passed Assistant Surgeon F. H. Brooks, United States Navy, reports for the personnel of the station 669 sick days for diseases, 307 sick days for injuries. The principal diseases were filariasis, uncinariasis, gonorrhea, tuberculosis, malaria. For the native population he reports 12,386 medical cases treated, 385 surgical operations performed, 17,250 surgical dressings done, 505 laboratory examinations, 40 deaths from all causes.

He estimates that in a native population of 7,500 souls at least one-third do not show successful vaccination against smallpox.

The island of Tutuila being, as far as it is known, without a single case of syphilis, it is earnestly recommended that the health record of every officer and enlisted man to be detailed for duty in Samoa be carefully looked over with a view to excluding any possible source of infection with this disease. Civilians with syphilis are not permitted to remain in the island, but are deported.

He calls attention to the urgent need of barracks for the enlisted personnel and for improvement in the station water supply. Happily, the current naval appropriation bill provides liberally for these two details.

There are on duty in Samoa 2 medical officers, 1 dental officer, and 14 members of the Hospital Corps.

Reference is again made to the training school for native girls, as the work carried on in this field is typical of what is being done for the betterment of social and physical conditions in the community wherever the naval medical officer is stationed abroad.

By the instruction of Samoan girls in nursing and hygiene in the Samoa training school it is hoped to bring about important and radical changes in the conditions of life that surround the native population. Babies and young children will be more adequately cared for, dwellings will be cleaner, food will be more suitably prepared, and when sickness supervenes there will be available for nursing a personnel that is not only instructed in modern methods, but that understands and appreciates the peculiarities, the prejudices, the requirements of the patient, and that will be acceptable to him.

The scheme of sending out undergraduates to various districts to receive a practical training under a graduate nurse not only relieves the present overcrowding in the nurses' quarters, but has an educational value for the pupil and stimulates her to additional effort when she returns to complete the course.

NAVAL STATION, GUANTANAMO, CUBA.—During the months of October, November, and December, 1916, 56 cases of malaria developed in the personnel of the station, all directly traceable to infection at the station. Up to that time it had always been believed that the occasional malarial patient was infected while on liberty in Caimanera or Guantanamo. One of the earliest of the above cases and one whose blood showed the parasite had not been away from the station for over two years. Anopheles were found on the station. It is therefore highly probable that the infection had its origin there. Immediate and drastic steps were taken to eliminate malaria. Over 200 gallons of petroleum were spread on pools of water at the station, target range, and other outlined points. Grass and underbrush were cut down, daily house-to-house inspections were made, and the quarters occupied by native workmen were screened.

The medical officer is unable to refrain from commenting on the readiness with which cooperation is obtained to *cure* disease and the universal indifference to expensive and painstaking effort to *prevent* disease both in the service and in civil life. The Bureau of Yards and Docks has decided, on the representations of the medical officer, to increase the allotment under "Maintenance, yards and docks," by $2,000 per annum to provide for necessary sanitary work indicated in the medical officer's report, which further adverts to the necessity of changing the location of and reconstructing the stables, improving the quarters of the enlisted men, etc.

NAVAL STATION, CAVITE, P. I.—Passed Assistant Surgeon W. L. Mann, United States Navy, reports that out of 2,279 native applicants for enlistment, 1,847 were rejected, 432 accepted. More than one-half of the rejections were for deficiency in height and weight and defective teeth. During the year 1,769 cases of cholera, with 555 deaths, were reported from Manila and vicinity. In Cavite Province there were 590 cases, with 243 deaths. No cases developed among the enlisted personnel of the yard, and but two cases in the native insular force. The station's immunity is ascribed to quarantine and other sanitary precautions taken. The type of cholera differed markedly from the classical description. Symptoms were usually mild and laboratory examinations were necessary to establish the diagnosis.

The recommendations are: That suitable headgear be adopted for the use of the enlisted men in the Tropics; that the tour of duty for officers and enlisted men in the Philippines be limited to two years' actual service on the station.

NAVAL HOSPITALS.

The work at our naval hospitals has continued to increase in scope and to advance in quality during the past year. Many changes of a minor character have been made in buildings and grounds not only with a view to maintenance and upkeep but to enlarge their capacity in beds and promote their general efficiency. New construction has been undertaken in most of them and all home station hospitals have accumulated large increase of stores and supplies for possible war needs. Many modifications of routine procedure, changes in forms and reports have resulted from recent national events and the legislation incident to them and numerous circular letters have been issued to inform commanding officers of the new rulings.

Since the absorption of Naval Militia and Naval Reserves into the regular service the privileges of hospital treatment in naval establishments have been extended to them.

Commanding officers of hospitals have been authorized to administer oaths and to act as recruiting officers for the Hospital Corps and for extension of enlistment and reenlistment of time-expired patients. In certain hospitals, designated by the Secretary of the Navy, the commanding officer is authorized to order deck courts and summary courts-martial for the administration of justice in the case of offences committed under his immediate jurisdiction.

The general increased cost of labor has naturally been reflected in the Government service and the pay rolls of our hospitals show a rise in the expense for services of civilian employees.

Annapolis, Md.—Extensive improvements and enlargement are contemplated or begun connected with the nurses' quarters, refrigerator facilities, drinking water, kitchen, mess halls, laundry, etc.

A new and up-to-date X-ray machine has been set up, and the work done in this department equals that of the most skillful specialist. The laboratory has been enlarged and reequipped. Thirty-one major operations and 121 minor operations were successfully performed during the year.

The admissions for venereal disease were less by 15 than last year.

Canacao, P. I.—During the year 1916, Hospital Steward Allen, under the direction of the medical officers, manufactured 127,075 mils of typhoid vaccine, nearly all of which was shipped in small ampoules to the American Red Cross for use in Siberia in immunizing prisoners of war, the total quantity shipped by the Canacao Naval Hospital to the American Red Cross during the latter part of 1915 and the first part of 1916 being about 40 gallons, in small ampoules, nearly all of which were of 10 milliliters capacity.

Mr. Richard T. Evans, the secretary of the branch of this society at Pei Yang University, Tientsin, China, expressed in several letters his thanks for this valuable vaccine, which was without cost other than for material used and incidental expenses in its manufacture Hospital Steward Allen should be highly commended for his work.

The condition of public buildings has been and is very good, with the exception of the destruction of wood of the softer types by the larvæ of white ants. Tanguile and yacal woods have been used in replacing ant-eaten pine and other soft types. Eleven of the decayed and ant-eaten steps including nine for the main wards, and one set each for the recreation building and the executive surgeons' quarters were removed and reinforced concrete steps built in place of them by hospital employees. The wooden platform and steps leading to the refrigerator room were unsafe from decay, etc., and were replaced by concrete work. The concrete work is plain, substantial, and enduring, and should in time prove to be very economical. It is interesting to note that California redwood, which has been said to be rarely attacked by white ants, was quite extensively attacked by these insects in the interior siding of the walls of two of the rooms of the administration building. Samples of this wood, both ant-eaten and unaffected, were taken to the bureau of forestry, Manila, and identified as redwood. In the larger room tanguile was used in replacing the affected wood; in the smaller room cement work with reinforcing "Hy-rib" was used. All this work was done by the hospital force.

The damage done to the sea wall near the medical supply depot by the two typhoons of November and December, 1915, was repaired by the public works department, at a cost of $233.18.

Carbolineum is used for protecting all wood surfaces beneath buildings and white-ant channels on concrete work between ground and woodwork have been broken down.

The fresh-water supply from the artesian well at the hospital is excellent as to quality, and as soon as the expected deep-well pump is installed the quantity of this water will be ample, so far as can be determined at present.

Considerable difficulty has been experienced during dry seasons and during the quarantine of large drafts of men in keeping a proper quantity of water in the tower tank for protection against fire.

Garbage is properly disposed of, as the incinerator is doing effective work, and as all stable droppings are buried and used as fertilizer for growing plants, very few flies exist. Even in the native city and suburbs far fewer flies are found than would be expected, which fact may be due to the numerous scavenger ants devouring the larvæ of the flies.

Mosquitoes are rarely troublesome. Draining and oiling are continued when necessary. The screened cages in A and D wards are kept in safe condition. Each person is provided with a mosquito net for use at any and all times.

After the completion of the high-power radio station the use of electric current from that source will enable the naval hospital to dispense with one of the three boilers and a small amount of coal will suffice, probably about 300 tons a year. It will be necessary to provide steam for the disinfecting room, the sterilizing room of the operating building, the small sterilizer of the native clinic, and for the laundry.

In September, 1916, many shrubs were procured for the hospital reservation from the Philippine Government free of cost in accordance with Dr. Blackwood's plan in 1912 for beautifying the hospital grounds. Plants to the value of $900 were to be turned over to the hospital during a series of years. At the present time both shrubs and trees from seeds and clippings are grown on the reservation in considerable numbers, and very few plants from Manila will be required in future, except the rarer types. More than 230 young palomaria trees are now growing on the reservation, either in bamboo tubes or in selected sites where large trees are desired, as along the water front in vacant places and along the driveway between the main gate of the hospital and the radio station. All these have been grown from seeds from the two huge palomaria trees near the old hospital ward. This kind of tree withstands the wind and spray of typhoons well, but grows very slowly. There are also over 80 banana shrubs and 90 papayas, some of the latter now bearing fruit.

At the end of the calendar year 1916 the public works department of the navy yard, Cavite, was about to begin work on the six infectious units. The commanding officer of the hospital recommended that the buildings be constructed of reinforced concrete on account of the ravages of white ants in all soft woods, including California redwood, but the amount appropriated for the six units, $3,600, would not cover the estimated cost of concrete construction, and Congress had granted that sum for six buildings.

CHELSEA, MASS.—Reporting upon the new buildings completed during the previous fiscal year the commanding officer states that they have given satisfaction except in details of minor importance. However, two unfortunate developments are the apparent porosity of the walls and the rapid deterioration in the pipes of the hot-water service. The former defect has been to some extent mitigated by repointing the brick walls with a rich cement paste. The iron pipes have been replaced by brass pipes, with inevitable extensive mutilation of the plastered walls, which even after repair will never present the original flawless surface. During the winter measures were taken to reduce the fly and mosquito nuisance invariably present each summer. As the mosquitoes are bred chiefly in the extensive salt marshes that fringe a portion of the hospital reservation, the extinction of these breeding places can not be accomplished by the hospital authorities alone. During the statistical year 1,721 Wassermann tests were made at the hospital; 486 X-ray plates were made; 226 major operations were performed; salvarsan or neosalvarsan was administered intravenously 399 times.

GREAT LAKES, ILL.—The total number of subsistence days for the fiscal year was 67,685. Average cost of maintenance per diem, $1.06; average cost of subsistence per diem, 53 cents. This hospital was reopened February 21, 1914, having been closed May 19, 1913, due to a temporary reduction in the recruits received at the station. In my report of last year I emphasized the necessity of supplying to this establishment, which in all other respects is one of the most modern and ample in its equipment, suitable buildings for the care of contagious disease, which unfortunately has been frequently introduced at the training station since it was opened in the autumn of 1911. The three contagious building units provided by special appropriation have now been erected, and the wisdom of the step has been amply demonstrated by the extensive epidemics of scarlet fever and meningitis which developed at the training station during the winter of 1916–17.

MARE ISLAND, CAL.—Much has been done to improve the appearance of the grounds and to prevent deterioration of buildings. The 3,000-ton motor truck in use since July has been of great service for hauling supplies, and the new motor ambulance has increased the efficiency of the service. It carries two stretcher cases and operates quickly, safely, and economically. The commanding officer urges the erection of additional buildings, not only to replace old structures by up-to-date accommodations but to increase the capacity of the establishment.

NEWPORT, R. I.—Besides constant effort to improve the limited hospital grounds by leveling, filling, grading, etc., a fixed landing stage on the water front has been constructed at a cost of $1,000 and proves very satisfactory. Defects in the refrigerating plant have been corrected by the makers. Three pavilion wards are under construction for contagious cases. Reading and writing rooms for staff and patients and an assembly room have been equipped.

Additional quarters are urgently needed for nurses and hospital corpsmen and for civilian employees.

NEW YORK, N. Y.—A large amount of work has been done for the upkeep of the buildings, such as painting roofs and ventilators, repairing chimneys, repairing ceilings and floors, laying concrete floors in basement, installing new meters, renovating roofs and steam and hot-water pipes, laying new sewers to certain buildings, installing new boiler-feed pump. A new concrete ash pit has been built, and additional radiators and toilets have been placed in several buildings.

New construction includes three contagious units—one-story brick buildings, each having ward and toilet, diet kitchen, two halls, nurses' room, etc. They are steam heated and electrically lighted and have telephonic communication. Additional roads through the grounds, either paved with brick, asphalt, macadam, or concrete, and properly drained, have been constructed. Tile flooring, with sanitary bases and glazed wall tile, with proper drainage facilities, has been laid in main kitchen and adjoining storerooms and halls.

A new elevator has been installed. The coal-burning steam-heating plant has been replaced by an oil-burning plant with underground storage for oil.

NORFOLK, VA.—The follow construction was well under way at the close of the fiscal year ending June 30, 1917:

Fourteen buildings, consisting of eight pavilion wards, 4 Hospital Corps barracks, and 2 subsistence buildings; six new wards for contagious diseases; garbage incinerator; new refrigerating plant.

PARIS ISLAND, S. C.—The total number of subsistence days for the fiscal year was 19,605. Average cost of maintenance per diem, 73 cents; average cost of subsistence per diem, 45 cents; new building, quarantine station, completed cost, $541.25; repairs and enlargement of hospital, completed cost, $15,000; emergency hospital buildings, completed cost, $125,000.

PEARL HARBOR, HAWAII.—Since the beginning of the year buildings for the accommodation of nurses and staff have been completed. A great deal of work has been done with a view to beautifying the grounds by planting hedges and flowering trees, without the expenditure of any public money. The hospital was commissioned and received its first patient on July 23, 1917. The present capacity is 50 beds, but there is ample opportunity for expansion in case of need.

PHILADELPHIA, PA.—The following improvements have been made during the year: Laboratory with concrete floor installed in basement; diet kitchen moved, enlarged, and supplied with additional equipment; recreation room provided for hospital corpsmen; special room for genito-urinary treatment equipped in basement; complete overhauling of lighting system.

The commanding officer again calls attention to the remoteness of the hospital from the navy yard, and the disadvantages of a location surrounded by industrial plants which constantly throw out huge volumes of smoke, soot, and cinders.

PORTSMOUTH, N. H.—Important repairs have been made to the steam and hot water systems. Extensive repairs and alterations have been made to the refrigerating machine, and cement floors in toilets have been renewed.

The commanding officer urges the erection of quarters for medical officers, quarters for certain civilian employees, and a garage.

PUGET SOUND, WASH.—A medical storeroom has been equipped in the basement. A new X-ray table has been installed increasing greatly the facilities for good work. A lathe set up in the engine-room has resulted in considerable saving of expense to the Government by enabling repair work to be done on the premises by the engine-room force instead of having to be sent out. A cold-storage plant is under construction.

WASHINGTON, D. C.—Much work has been done during the year for the beautifying and improvement of the grounds and toward the upkeep of the older buildings which demand constant minor repairs. New electric fixtures, costing $535.45, have been installed to replace worn out, antiquated types. The mess hall, which is small and unsuitable in many ways, is being enlarged and altered in a manner to permit the most efficient dietetic arrangements.

Other important changes well underway or approaching completion comprise a new laundry outfit and enlargement of the power house.

The number of patients treated from December 31, 1915, to December 1, 1916, was 679.

The X-ray outfit is modern and complete, the pharmacist in charge is a very capable man, and the work done in this department is of a very high order.

NAVY YARDS, RECEIVING SHIPS, TRAINING STATIONS.

NAVY YARD, BOSTON, MASS.—The practice of inspecting all supplies coming to the yard and through it to the ships has been continued. Incoming ships are notified as to which dealers conform to standard and which do not, and dairies are listed according to reports of the bacterial count, etc.

For the six months beginning February 1, 1917, there were 1,660 accident cases among yard workmen, of which 231 entailed absence from work. The time lost to the Government aggregated 6,516 working days.

NAVY YARD, MARE ISLAND, CAL.—Special efforts were directed to preventive measures, instruction, and care of the health for the navy-yard workmen. Smoke helmets and respirators, stretchers, and surgical dressings have been distributed in appropriate places throughout the yard and instruction has been given in their employment. During the year the civilian force has averaged 2,701 men. At the yard dispensary 3,135 first-aid treatments were given. There were 314 cases requiring to be sent home. There were no deaths.

Appropriation has been made for the erection of a much-needed building for the medical supply depot at this yard, which distributes stores to the ships, hospitals, and stations of the Pacific coast and the Pacific and Asiatic stations.

Training Station, Newport, R. I.—The combined admissions for scarlet fever, measles, German measles, and mumps for the past six years are as follows:

1910	446	1914	65
1911	247	1915	20
1912	165	1916	115
1913	90		

During the second quarter of 1916 a virulent epidemic of measles occurred, introduced by a man from the U. S. S. *Constellation*, who contracted the disease on liberty. The crowded condition of the barracks and the bad weather prevailing facilitated the spread of the disease.

There was no interruption to the flow of recruits to ships owing to the use of one building at Barracks A, where the single rooms permitted the isolation of small units during the quarantine period. The special measures comprised quarantine of the station against Newport except for general-service men; quarantine against each other by the barracks and U. S. S. *Constellation;* dormitories and rooms in barracks quarantined against each other; discontinuance of all general gatherings, such as Divine service, musters, moving-picture shows; school periods and Swedish drills were held at different hours for different barracks so as to reduce contact; daily body inspection of every man on the station; all mess gear steamed after meals; dormitories sunned and aired daily, bedding whenever practicable.

During July, owing to prevalence of anterior poliomyelitis in New York and New Jersey, recruits from those States were isolated, and it was recommended that no liberty be granted for recruits coming from them and likely to go home. Though cases occurred in the town of Newport, none developed at the training station.

The discharges for physical disability amounted to 50, of which 13 were for flat foot, 11 for nervous disorders or defects, and 8 for chronic middle ear disease. Of 308 applicants for original enlistment, 180 were rejected, 34 for visual defects, 24 for flat foot, 14 for defective teeth, and 13 for cardiac abnormalities.

United States Marine Barracks, Norfolk, Va.—There have been no contagious diseases and no cases of typhoid fever in the command during the year. The general health has been excellent. Thanks to State prohibition and to the abolition of the segregated districts in the local communities, the admissions for venereal diseases have been less numerous than in the preceding year.

There are no quarters for the medical officer at this post, and it is extremely difficult to secure suitable quarters in town at less than 2 or 3 miles distance.

Receiving Ship, Norfolk, Va.—Physical examination of recruits forms an important part of the work at the station, including the medical examination of all men sent from other recruiting stations, original enlistments here, reenlistments of general service men, etc.

Summary:

Number examined for enlistment	758
Number examined for transfer	6,356
Number examined for discharge	1,049
Number reexamined on arrival	3,241
Number examined for change of rating	738

The large new two-story brick building for apprentice seamen was occupied November 15, 1916. The armory and gymnasium occupy the ground floor and on the second are schoolrooms, reading rooms, recreation rooms, and offices.

The new disinfecting plant has been completed and assigned for use. It is a substantial brick building two stories high. The ground floor comprises one large standard disinfector, one small sterilizer, receiving rooms at one end and distributing rooms at the other separated by a solid partition. The second floor is taken up by toilets and bathrooms adjacent to a medical examining room.

New and more sanitary toilets are recommended for installation at various places in the yard. A new and improved swimming pool is needed. A separate building is needed for isolation and observation of contagious disease suspects, as well as a number of barrack or bungalow units with attached toilets.

NAVY AERONAUTIC STATION, PENSACOLA, FLA.—During the past year building No. 52, built in 1907 for use as a paint shop, was renovated and fitted out as a dispensary with sick quarters having a capacity of about 40 beds and additional accommodations for eight hospital corpsmen. Besides these accommodations there is a dressing room, dispensary, sterilizing room, dining room, kitchen, and storeroom, and a detached building which contains a provision storeroom, heating plant, and hot-water heater. In this building will be placed a steam generator to furnish steam for the new sterilizer approved for the station.

There is need here for special provision for aeration and filtration of drinking water, owing to the large iron content that constantly clogs the pipes.

NAVY YARD, PHILADELPHIA, PA.—A new dispensary building to replace the present small inadequate frame building is urged by the medical officer on duty, with a view to accommodating both medical and dental officers. For a period of six months beginning February 1, 1917, the daily average of accidents among yard employees was 15.9.

NAVY YARD, PORTSMOUTH, N. H.—A case of anterior poliomyelitis appeared in the family of the proprietor of the yard lunch room during the summer, 1916. Appropriate quarantine restrictions were imposed and no other cases developed.

At the yard dispensary 1,006 accident cases among yard workmen were treated. The building has been thoroughly renovated, painted, supplied with new plumbing, etc.

NAVY YARD, PUGET SOUND, WASH.—For a period of six months beginning February 1, 1917, there were 1,737 accident cases among the yard workmen.

NAVY YARD, WASHINGTON, D. C.—The principal work of the medical officers at this yard is connected with the care of 4,000 odd workmen employed in the gun foundry and other shops. While the number of civilian employees has increased by nearly 700, and the yard has been unusually busy, there has been no loss of life from accidental injury. There have been 3,912 minor injuries and 486 requiring loss of time from labor. Only 234 cases were sufficiently incapacitated to justify claims for compensation. Owing to the character of the machinery used most of the injuries involve eyes, hands, or feet. A large proportion of the injuries are fractures of the bones of the extremities. In no case has an injury been serious enough to permanently impair the wage-earning capacity of the victim. In 96 cases X-ray examination was required and pictures or plates were made for them at the United States Naval Hospital. There were 75 eye injuries, of which 59 were classified as foreign bodies in the eye. Usually the foreign body is emery, and it is commonly not noticed at the time of entry. The services of the Navy specialist at the naval dispensary are constantly required for these cases.

The medical officer urges the erection of a new dispensary building to furnish adequate facilities for the work of the yard.

RECRUITING.

The principal causes of rejection of candidates for original enlistment are as follows:

	Navy.	Marine Corps.	Naval Reserve.
Errors of refraction	5,360	1,537	20
Under weight	4,507	890	7
Defective teeth	3,935	943	3
Flat or weak feet	3,534	1,494	3
Deformities	2,822	731	7
Varicose veins or varicocele	2,331	774	3
Under height	1,623	501	....
Heart affections	1,439	863	5
Color perception defective	1,352	363	2
Genito-urinary (venereal)	914	433	2
Tuberculosis or suspects	657	252	2

The rejections for color blindness reach 2.07 per cent of candidates examined for original enlistment. While errors of refraction are the principal cause of rejection in all applicants, weak or flat feet come second as a cause of rejection of candidates for the Marine Corps and fourth in numerical importance for the Navy. The marching and sentry duty required of marines is far in excess of what the sailor has to do, and these figures show that medical officers at recruiting stations have taken this into consideration and very properly been more exacting in this detail in candidates for the Marine Corps. In both branches defective teeth give the third largest number of rejections. Heart affections come fourth in Marine Corps examinations and eighth with Navy candidates. Rejection for varicosities and varicocele holds sixth place for both classes of candidates, which is proper. The minimum age for marines is 21, for the Navy 17. While varicose veins might be more common in older candidates, varicocele is frequent in young subjects and would have relatively greater importance in them if marked. Both conditions persist without operative interference. Color perception stands ninth among main causes of rejection for both classes. This also is as it should be in figures representing a condition which if not due to disease is a congenital defect. (For complete reports of examinations and rejections at recruiting offices, see p. 111.)

HEALTH OF THE NAVY.

Total admissions and readmissions to sick list—Deaths and sick days per 1,000.

	Per 1,000 of personnel.		
	Admissions and readmissions, all causes.	Deaths.	Total sick days.
Average, years 1901-1910	897.35	5.38	10,871.12
1912	787.46	4.08	9,449.39
1913	760.03	3.82	10,041.41
1914	886.58	4.18	10,862.28
1915	955.91	4.48	11,402.17
1916	998.22	4.83	11,674.18

The above table is included in this report in conformity with the practice of previous years and requires the usual explanatory note. The figures set forth under admissions and readmissions per thousand have only a relative value, and do not present an actual picture of the sickness involved. For example, a man taken sick on a ship, admitted to the sick list, transferred to hospital ashore, and subsequently transferred to another hospital (this is often done at the patient's own request, with a view to being near his home, etc.), would give under the head of admissions and readmissions the figure 3, where there was actually but 1 case of disease. Again, a man with some form of venereal disease might be admitted at first for record only and later, if his condition required it, might be readmitted to the list and transferred to hospital, making for admissions and readmissions a 3, where only 1 case of illness was involved. Finally, a man with some trifling but chronic disability might be admitted and readmitted to the sick list several times merely to excuse him from some unusual or arduous duty.

The actual number of sick days shows only a trifling increase over last year. The deaths reported—4.83 per thousand—though slightly higher than the figure for last year, actually represent a considerable reduction of mortality from general conditions affecting the health of the personnel, inasmuch as it is permissible to deduct from the actual number of deaths those due to such an unusual catastrophe as that which occurred in Santo Domingo in August, 1916, at the time of the tidal wave which wrecked the U. S. S. *Memphis* and led to the death by drowning of 36 men.

Once more attention is invited to the report of the census of 1910, showing a death rate for the registration area of the United States for persons between the ages of 20 and 29 years of 8 per thousand. This includes both sexes, and would be appreciably higher if quoted for males alone. Compared to this, the Navy mortality of 4.83 speaks loudly for the excellence of health conditions surrounding the naval personnel in times of peace. It is to be remembered that some of the deaths reported for 1916 occurred during active campaigning in the island of Dominica.

Special disabilities showing increase:

Appendicitis.
Cellulitis.
Chancroid.
Conjunctivitis.
Dengue.
Enteritis.
Epilepsy.
Furunculosis.
Hernia, inguinal.
Lymphadenitis.
Malaria.
Measles.
Pes planus.
Pleurisy.
Rheumatic affections.
Scabies.
Scarlet fever.
Syphilis.
Tonsillitis.
Tuberculosis.
Wounds, etc.
Poisons.

Special disabilities showing decrease:

Bronchitis.
Gonorrhea.
Hemorrhoids.
Influenza.
Mumps.
Neurasthenia.
Otitis media.
Pneumonia.
Typhoid fever.
Varicocele.

Disabilities for all causes show slight increase: For 1915, 2,914.55; for 1916, 2,955.50.

Classes of disabilities showing increase:

Blood.
Ear.
Eye.
Infective (nonvenereal).
Infective (venereal).
Lymphatic.
Mind.
Motor.
Parasites.
Poisons.
Skin, hair, and nails.
Tumors.
Wounds, etc.

Classes of disabilities showing decrease:

Circulatory system.
Digestive system.
Ductless glands and spleen.
Genito-urinary system (nonvenereal).
Hernia.
Miscellaneous conditions.
Nervous.
Respiratory.

DISEASES OF SPECIAL INTEREST.

Leading causes of death for the past 4 years in the Navy.

	1913	1914	1915	1916
Drowning	32	42	51	74
Tuberculosis, all forms	30	38	36	39
Pneumonia, all forms	21	33	22	18
Burns	12	6	16	11
Wounds, gunshot	19	30	13	27
Nephritis, all forms	8	18	13	9

In considering the leading causes of death in the Navy we find that drowning again heads the list. Of the 74 deaths due to this cause 5 were suicidal and 36 occurred at the time of the disaster to the U. S. S. *Memphis* in the harbor of Santo Domingo, August, 1916. The greater portion of the deaths by drowning at this time were actually due to the swamping of small boats which were in the water either leaving or returning to the ship at the time of the sudden and unexpected upheaval of the sea.

From the researches made by Medical Director George H. Barber, United States Navy, in command of the naval hospital, Fort Lyon (formerly Las Animas), Colo., it seems to be clearly established that of the cases of tuberculosis received there for treatment, practically all the cases of tuberculosis in the service, a large majority are contracted prior to enlistment. However elaborate the measures for safeguarding the health of the personnel may be, it is inevitable that incipient or latent cases, especially in the young, should find conditions of life in the service, whether in barracks or aboard ship, unfavorable to health.

Burns and gunshot wounds constitute causes of death natural to military service. Among members of the engine-room force burns from steam must occur occasionally, while even without the military activities in Haiti and Santo Domingo deaths from gunshot wounds accidentally incurred are to be expected where thousands of young and inexperienced men are being daily drilled in the use of firearms and at target practice.

Deaths from pneumonia and nephritis have been less frequent in 1916 than the preceding year. These diseases may be regarded as in some measure consequent upon the inevitable exposure inseparable from life at sea.

Disabilities having the greatest number of sick days during 1916 as compared with the years 1913, 1914, and 1915.

	1913	1914	1915	1916
Tuberculosis, chronic pulmonary	2	1	1	1
Syphilis	1	2	2	2
Gonorrhea (urethral)	3	3	3	3
Malaria	12	11	10	4
Tonsillitis	7	4	4	5
Hernia, inguinal	8	8	9	6
Influenza	15	15	7	7
Mumps	5	6	5	8
Appendicitis	4	5	6	9
Otitis media	10	10	11	10
Chancroid	9	9	12	11
Bronchitis	11	7	8	12
Measles	6	12	15	13
Pneumonia	14	14	14	14
Pleurisy	13	13	13	15

In compiling the above table several classes that would have come within the limits have been omitted as being comparatively unimportant in significance or scientifically loose in application. These are (*a*) gonorrheal infections other than urethral; (*b*) rheumatism (all forms); (*c*) abscess (unqualified); (*d*) chancroid of lymph node; and (*e*) tuberculosis (other forms).

VENEREAL DISEASES.—Students of social problems and others seeking statistics in regard to the prevalence of venereal disease turn to the different military organizations for figures, since usually only vague estimates can be obtained from other sources, with the unintentional but inevitable result that the personnel of the services appears in a bad light. There is no available standard of comparison for the civilian population. The fierce light of publicity beats upon the men of the Army and Navy and no definite statistics can be set forth contrasting male civilians with them. Only the trained judicial mind will fail to receive a biased impression in such a situation.

The following facts seem pertinent in this connection:

In 1912 the medical officer of a certain training station in connection with the verification examination of recruits arriving from recruiting stations ascertained that from 7 to 10 per cent of the youths entering the service at that collecting point, aged 17 to 21, had had from one to four attacks of gonorrhea prior to reporting at the station, according to their own voluntary statements. It is scarcely necessary to remark that these statements, if inaccurate, did not err on the side of exaggeration.

Of candidates examined for Navy, Marine Corps, and Reserve Force in 1916, 1.6 per cent were rejected owing to the existence of active venereal disease. This seems at first blush but a small number, yet it has considerable significance. Perhaps it is not superfluous to call attention to the fact that these figures do not show the existence of active venereal disease in 1.6 per cent of the male civilian population, but that 1.6 per cent of apparently healthy males otherwise physically qualified for military service, out of 83,539 examined, are either unaware of their condition or else are too ignorant to appreciate the seriousness of venereal disease and deem it such a negligible matter that they unhesitatingly present themselves for examination, trusting, of course, that it will not be detected. We have in this figure a partial basis for the estimation of the prevalence of venereal disease in civil life which those may well ponder who are inclined to think of military service as an incubator for immorality.

It is to be noted, further, that of 8,197 applicants examined for reenlistment in the Navy and Marine Corps in 1916 only 41 men, or 0.5 per cent, were rejected for genito-urinary disease of venereal origin. Statistics are the source of many fallacies unless every factor is carefully weighed by a compiler free from any desire to establish a definite postulate. It is not intended by the above citation to prove that men applying for reenlistment are as a class morally superior to new candidates. But it would seem legitimate to conclude that men with previous experience of the service have, through instructions received during its course, become imbued with a sense of the seriousness of venereal disease, and consequently either expose themselves less or take greater precautions to avoid it, are more cleanly in their habits, know better than to appear for examination when diseased, or else have received such rational and beneficial treatment as to be rendered fit to perform military duty and incapable of transmitting venereal disease to others, and thus become eligible for enlistment.

During the past year the official circulars of advice and information regarding venereal disease for use in connection with the systematic instruction given both afloat and ashore have been revised and brought up to date.

A special form has been issued and its use made obligatory with a view to establishing in each case of syphilis a scientific diagnosis and an accurate record of its progress and development and to facilitate *coordination of effort* in this particular among the successive medical officers who may handle a particular case.

At our naval training stations special effort has always been made to warn the young recruit against the perils of venereal disease and to safeguard him from them. Soon after the opening of the training station at Great Lakes, for example, systematic instruction along these lines was begun. Each group or company was instructed by a medical officer on the occasion of its transfer and promotion from the detention barracks to the main barracks. Again at the conclusion of the training before a company or companies were transferred to the fleet the departing units were appealed to and instructed and warned.

The bureau takes this opportunity to commend the strenuous efforts put forth by Surgeon W. D. Owens, United States Navy, recently on duty at the training station, Newport, R. I., who carried on while there an active educational campaign against immorality and venereal disease by lectures, posters, exhibits, the local publication, and stereopticon views. Dr. Owens, in addressing the recruits, took high ground and argued that the true patriotic spirit demanded, especially at this juncture, the control of every passion that might lessen efficiency in the country's cause and stigmatized as in every way unworthy the man who deliberately laid himself open to venereal infection, disability, and the necessity of filling a bed in a hospital while a comrade in arms endured the trial of battle and might need that very bed for recuperation from honorable wounds.

In studying the tables showing incidence of venereal disease three important factors in the proper interpretation of them must be understood. In 1909 and thereafter every venereal case was admitted to the sick list. If it was not such as to need to be excused from duty then the admission was "for record only" and the patient was forthwith discharged to duty. This accounts for the sudden increase in figures so noticeable in that year.

In 1912 the use of salvarsan became general and in a large proportion of cases a patient requiring an injection is sent to hospital to receive the treatment which entails from one to three days on the sick list as a minimum. Often the detention there is measured in weeks instead of days.

Since August 29, 1916, all venereal cases lose pay for the time of detention on the sick list. This operates to affect the figures in two ways. Patients will conceal their condition if it is possible for them to do so and therefore absolutely accurate figures are obtainable only from ships where frequent compulsory examinations of the entire crew are made with a view to discovering concealed diseases. Again there is a strong disposition on the part of patients to minimize their suffering or disability so as to reduce the sick days and thereby the loss of pay. Then too medical officers are disposed to abridge the period on the sick list during convalescence when this can safely be done.

Admission rate for venereal disease.

Year.	Average complement.	Chancroid.		Gonorrhea.		Syphilis.	
		Admissions.	Rate.	Admissions.	Rate.	Admissions.	Rate.
03	37,248	396	10.63	1,032	27.70	816	21.90
04	40,555	542	13.36	1,512	37.28	880	21.69
05	41,313	538	13.00	2,085	50.46	981	23.73
06	42,529	733	17.23	2,640	62.07	1,147	26.96
07	46,336	554	11.95	2,274	49.07	881	19.01
08	52,913	645	12.56	3,015	56.98	1,001	18.91
09	57,172	1,573	27.51	5,861	102.51	1,476	25.81
10	58,340	1,968	33.73	6,062	103.90	1,315	22.54
11	61,399	1,929	31.41	5,658	92.15	1,665	27.11
12	61,897	2,169	35.04	5,403	87.29	1,424	23.00
13	65,926	1,855	28.13	5,320	80.69	1,447	21.94
14	67,141	2,908	43.31	5,703	84.94	1,332	19.83
15	68,075	2,200	32.31	5,985	87.91	1,454	21.36
16	69,294	2,426	35.01	5,731	82.70	1,542	22.25

Primary venereal diseases and sequelæ.[1]

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	3,951	212	106.07	98,984	271.189	260.364	377.18	....
1904	40,555	4,817	234	118.77	107,007	292.368	279.207	409.36	....
1905	41,313	5,293	163	128.11	105,099	287.668	273.441	369.16	....
1906	42,529	6,348	144	149.26	116,411	318.901	301.542	390.90	....
1907	46,336	5,528	153	119.30	99,126	271.578	256.430	348.07	....
1908	52,913	6,491	186	122.67	105,142	287.273	269.548	380.27	....
1909	57.172	10,961	287	191.71	136,761	374.687	344.675	....	488.15
1910	58,340	11,071	191	189.76	135,507	371.252	340.920	....	416.42
1911	61,399	10,827	185	176.33	161,358	442.076	412.413	....	514.57
1912	61,897	10,495	153	169.55	146,135	399.275	370.601	....	447.10
1913	65,926	9,434	138	143.09	141,378	....	387.336	....	456.33
1914	67,141	10,932	118	162.82	142,981	....	391.728	....	450.72
1915	68,075	10,318	101	151.56	150,939	....	413.531	....	464.02
1916	69,294	10,261	94	148.07	165,984	....	453.500	....	500.59

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[1] Includes only: (1) Gonorrhea, (2) chancroid, (3) syphilis, (4) arthritis gonorrhoica, (5) epididymitis, (6) adenitis inguinalis, (7) prostatitis, (8) orchitis, (9) ophthalmia gonorrhoica.

Chancroid.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	396	0	10.63	7,644	20.9424	19.8575	20.94	....
1904	40,555	542	4	13.36	7,661	20.8852	19.4043	22.88	....
1905	41,313	538	2	13.00	5,469	14.9385	13.5095	15.98	....
1906	42,529	733	0	17.23	6,562	17.9726	15.9698	17.97	....
1907	46,336	554	0	11.95	6,311	17.2904	15.7726	17.29	....
1908	52,913	665	0	12.56	6,570	17.9508	16.1338	17.95	....
1909	57,172	1,573	3	27.51	9,539	26.1342	21.8246	....	23.32
1910	58,340	1,968	1	33.73	9,975	27.3287	21.9369	....	22.43
1911	61,399	1,929	0	31.41	12,547	34.3753	29.0904	....	29.09
1912	61,897	2,169	0	35.04	12,634	34.5191	28.5928	....	28.50
1913	65,926	1,855	0	28.13	9,018	....	24.7068	....	24.70
1914	67,141	2,908	1	43.31	14,749	....	40.4082	....	40.90
1915	68,075	2,200	0	32.31	10,521	....	28.8300	....	28.83
1916	69,294	2,426	1	35.01	12,816	....	35.0163	....	35.51

Gonorrhea.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Daily average.	Daily average; correct.	Damage.	Damage; correct.
1903	37,248	1,032	4	27.70	11,653	31.8986	29.0715	33.89	....
1904	40,555	1,512	15	37.28	14,953	40.8551	36.7240	48.35	....
1905	41,313	2,085	11	50.46	15,137	41.4712	35.7589	46.96	....
1906	42,529	2,640	7	62.07	17,958	49.2000	41.9671	52.69	....
1907	46,336	2,274	8	49.07	13,912	38.1150	31.8849	42.11	....
1908	52,913	3,015	14	56.98	18,229	49.8060	41.5683	56.80	....
1909	57,172	5,861	33	102.51	28,801	78.9068	62.8219	....	79.32
1910	58,340	6,062	17	103.90	31,813	87.1589	70.5506	....	79.04
1911	61,399	5,658	26	92.15	33,946	93.0027	77.5013	....	90.49
1912	61,897	5,403	26	87.29	35,140	96.0109	81.2486	....	94.24
1913	65,926	5,320	27	80.69	33,204	....	90.9698	....	104.46
1914	67,141	5,703	10	84.94	36,218	....	99.2273	....	104.22
1915	68,075	5,985	11	87.91	35,404	....	102.494	....	107.90
1916	69,294	5,731	7	82.70	43,357	....	117.91	....	121.41

Syphilis.

Year.	Average complement.	Admissions.	Invalided or died.	Admission rate.	Days.	Damage.
1903	37,248	816	132	21.90	34,112	159.45
1904	40,555	880	125	21.69	32,389	150.99
1905	41,313	981	97	23.73	39,632	157.06
1906	42,529	1,147	91	26.96	41,248	158.49
1907	46,336	881	106	19.01	32,656	142.45
1908	52,913	1,001	118	18.91	36,645	159.09
1909	57,172	1,476	171	25.81	49,647	221.49
1910	58,340	1,315	118	22.54	47,893	190.19
1911	61,399	1,665	84	27.11	66,210	223.39
1912	61,897	1,424	75	23.00	56,759	192.55
1913	65,956	1,447	74	21.94	62,630	208.57
1914	67,141	1,332	51	19.83	53,016	170.72
1915	68,075	1,454	63	21.35	65,682	211.43
1916	69,294	1,542	67	22.25	67,814	218.75

It is significant that the admission rate for syphilis has practically not varied in 13 years. A marked permanent drop in the number of those dying of the disease or invalided from the service on account of it is noticeable since 1911, which is approximately the date of the general liberal use in the service of the arsenic preparation of Ehrlich and its congeners, which by permitting intensive treatment has not only reduced the mortality but justified the retention in the service of men who without it would have been discharged.

In interpreting the above table it is to be noted that in 1908 the reporting of every new case of syphilis as an admission for purposes of record, whether it merited hospital treatment or not, was made obligatory, and by 1909 the practice was in full swing.

More important even than the increased therapeutic facilities available for the treatment of syphilis in the Navy is the constant growth of interest in this disease and the intensified efforts of officers of the Medical Corps to eliminate it from the service by (1) education to prevent its acquisition; (2) systematic, progressive, and persistent treatment to cure acquired cases. The menace to military efficiency on the one hand and on the other the vitiating effect of the disease on the moral and physical stamina of society at large is fully appreciated.

Tuberculosis.—The reports for this disease show an increased number of admissions but fewer sick days and a lower mortality than last year, from which one might infer that cases were diagnosed at an earlier period of the disease and so had a better chance of recovery. Statistics are fallacious, however, and the compiler must carefully avoid unwarranted conclusions.

The two points emphasized by the reports from the commanding officer at Fort Lyon, (formerly Las Animas) Colo., Medical Director George H. Barber, United States Navy, are of the utmost importance to the service and should be pondered by every member of the Medical Corps. First is the importance of excluding incipient or latent tuberculosis at the recruiting office by rejecting all applicants with poor physique or who do not conform to standards of weight; who have distinct stigmata of degeneration.

Second, the importance of making an early diagnosis of tuberculosis. While Dr. Barber admits the difficulties that often attend physical diagnosis on a cruising ship, he maintains that the difficulties are not insurmountable. If there if a doubt in the matter, the suspect should not be branded with the designation "tubercular," but should be sent, nevertheless, to hospital ashore for further study and conclusive diagnosis without waiting for those positive, incontrovertible evidences which often come only when all hope of cure has faded.

Tuberculosis.

	Admitted.		Deaths.	Sick days.
	Number.	Rate per 1,000.		
1909	311	5.43	40	58,984
1910	349	5.98	44	65,443
1911	319	5.19	48	64.668
1912	264	4.26	32	57,723
1913	325	4.92	30	67,423
1914	295	4.39	38	80,237
1915	253	3.71	36	82,233
1916	287	4.14	39	78,899

Malaria, which in 1916 furnished 1,205 admissions, 12,150 sick days, and 3 deaths, has during the period of this report occasioned 1,859 admissions and 27,386 sick days with but 1 death. In this connection the bureau wishes to advert to the work of Surgeon A. D. McLean, United States Navy, who reports unusually good results in treatment from the use of *concentrated* solutions of quinine by intravenous injections. Passed Assistant Surgeon F. P. W. Hough, United States Navy, has used acid sodium sulphate with telling results to destroy larvæ of mosquitoes in their breeding places at the Indian Head Proving Grounds, Md. The continued military enterprises in Santo Domingo and Haiti account for the high admission rate and large number of sick days under this head.

Pneumonia.—There is little difference in the figures for this year as compared with those for the year before.

	Admissions.	Died.	Sick days.
1915	288	22	9,156
1916	259	18	9,663

Typhoid fever.

Year.	Admitted.		Died.	Sick days.
	Number.	Rate per 1,000.		
1909	189	3.30	17	10,378
1910	193	3.30	10	9,428
1911	222	3.61	15	14,024
1912	57	.92	2	5,234
1913	22	.33	4	1,657
1914	13	.19	0	1,057
1915	18	.26	1	1,081
1916	17	.24	0	821

In studying the reports on the incidence of typhoid fever it is gratifying to note that another year has passed without a single death from this disease; that the number of admissions and the admission rate per thousand are less than at any time since 1908 with the exception of a single year—1914. On the other hand, the sick days registered for this disease in 1914 were 1,027, as compared with 921 sick days for 1916. With an admission rate of 0.24 per thousand for the past year the extreme value of antityphoid inoculation is once more demonstrated, and it may be positively stated that typhoid fever, so far as injury to the personnel and mortality is concerned, has become a negligible factor, while the necessity for employment of preventive measures becomes ever more conspicuous.

Owing to the military necessity for frequent transfers of large drafts of recruits since the declaration of war the antityphoid treatment, as used and requiring three injections at 10-day intervals, was often interfered with, and it is possible that the figures for next year may show a slight increase in admissions for this disease due to interference with or irregularity in the administration of the preventive treatment. With this in view the bureau has authorized, when deemed necessary by individual medical officers, a reduction of the interval between injections from 10 to 7 days, based on favorable reports of this method received from the warring armies in Europe.

At present the regulations require revaccination against typhoid every four years or on reenlistment. The bureau has under consideration the propriety of shortening this period.

While the antityphoid vaccination is compulsory for all recruits, a certain number of them every year are excused from this treatment because of their positive declaration that they had experienced an attack of typhoid fever prior to enlistment. In a certain number of cases such a statement may be incorrect, owing to error in diagnosis, ignorance, and the inaccuracy of the young, though made with perfect sincerity and in good faith. In this fact may lie the explanation of the development of some of the small number of cases occurring in the service.

Statistics on typhoid fever from 1900 to 1916, inclusive, giving admissions deaths, and comment on deaths since prophylaxis began in (Feb.) 1912.

Year.	Admissions.	Deaths.	Year.	Admissions.	Deaths.
1900	175	25	1909	191	16
1901	105	14	1910	194	9
1902	125	13	1911	222	15
1903	188	20	1912[1]	57	2
1904	194	19	1913[2]	22	4
1905	172	10	1914	13	1
1906	230	14	1915[3]	18	0
1907	249	16	1916	17	0
1908	176	10			

[1] Prophylaxis began in February of this year. Of the deaths one was a case that had received no prophylactic treatment.

[2] Of the four deaths only one case had received the full protective treatment. One had received none. Two cases had had only the first injection.

[3] All injections given.

In conclusion, it is to be noted that during a period of five years there were in all 7 deaths in the Navy from typhoid fever; that the ratio of admissions per 1,000 has dropped from an average of 3.40

for the 1909 to 1911 period (prior to compulsory use of preventive treatment) to an average admission rate for the 1912 to 1916 period of 0.388; the highest admission rate for the whole eight-year period being 3.61 in 1911 and the lowest 0.19 in 1914.

Contagious diseases.

	Admissions.		Deaths.		Sick days.	
	1915	1916	1915	1916	1915	1916
Mumps	1,053	726	0	0	24,781	16,515
Measles	308	523	3	0	7,472	10,876
Scarlet fever	61	91	0	0	2,430	3,767
German measles	100	80	0	0	921	1,266
Diphtheria	38	48	1	1	1,401	1,407
Smallpox	5	4	1	1	211	92

In the above list the only disease directly preventable by special methods is smallpox. Vaccination is compulsory in the service and every effort is made to insure protection from smallpox for the naval personnel by repeating treatment if a good *pitted* scar is not obtained. During the fiscal year 1916 there were issued to medical officers of the service 62,697 vaccine points.

Unfortunately vaccination is grossly neglected in many sections of our country and a very considerable proportion of candidates presenting themselves for enlistment show no scars on the arm.

In the city of Eastport, Me., in December, 1916, less than 10 per cent of the children enrolled in the schools had been vaccinated, and of those below the grammar grades, less than 5 per cent.

In December, 1916, the State of Kansas reported 183 cases of smallpox. Of the patients, 84 had never been successfully vaccinated, 89 were unable to give any definite history of vaccination, only one had been vaccinated within seven years, while 9 had been vaccinated more than seven years prior to the attack.

For years Waterbury has been the stronghold of anti-vaccination in Connecticut. Between June, 1916, and March, 1917, there have been reported in that State 378 cases of smallpox, two-thirds of which occurred in Waterbury. About 3 per cent of the cases had been vaccinated; two cases, 15 years before the attack; three, 20 years before; one, 30 years before; four, over 40 years before. Prior to compulsory vaccination of school children in Waturbury (January 1, 1917) 50 had been infected. Since that date not a child has caught smallpox, though adults continue to contract it.

It is interesting to note that New Haven and Hartford, cities of 110,000 to 150,000 inhabitants, and but thirty-odd miles from Waterbury, had but one case of smallpox between them. In those two towns from 80 to 85 per cent of the population was protected by vaccination, whereas only 45 per cent of the population of Waterbury had such protection. Subsequently 25,000 vaccinations were performed in Waterbury alone without a fatality and with an average loss of time from temporary disability incident to the vaccination, of less than one hour per individual.

These figures are quoted here because they are typical of the large and ever growing mass of evidence in favor of vaccination which justifies its compulsory use in Government services.

As the statistical tables for the health of the Navy are made up for the calendar year, accurate figures are not yet available to show the exact extent to which contagious diseases were acquired through the large influx from the civilian population occasioned by the authorized increase in numerical force, but there have been many cases of mumps, measles, scarlet fever, and cerebro-spinal meningitis. The last named is of special importance. During the months of March, April, May, and June, 1917, there were treated at the naval hospital, Norfolk, Va., 112 cases, with 29 deaths, 7 of the cases dying on first or second day of hospital treatment (i. e., were advanced cases before they received the benefit of hospital treatment). These figures roughly represent the incidence of the disease in the fleet, to which it was taken from training camps. During the months in question the Navy had been increasing from its strength of 69,294 in 1916 to a strength of 125,363, attained June 27, 1917. The following table shows the number of cases of cerebro-spinal meningitis and the deaths therefrom in the Navy and its total enlisted strength for 15 years:

Table of cerebro-spinal meningitis.

Year.	Number of cases.	Deaths.	Average strength of Navy and Marine Corps.
1902	1	0	31,240
1903	30	8	37,248
1904	10	5	40,555
1905	21	9	41,313
1906	17	14	42,529
1907	30	14	46,336
1908	28	12	52,913
1909	11	2	57,172
1910	6	1	58,310
1911	12	3	61,399
1912	22	9	61,897
1913	9	6	65,926
1914	14	1	67,141
1915	19	4	68,075
1916	2	1	69,294

The outbreaks of this disease in military services have commonly been ascribed in the past to overcrowding and other insanitary conditions in concentration camps. The older books speak vaguely of the effect of collecting large numbers of young men of susceptible age in causing outbreaks of the disease. Undoubtedly the disease spreads under these circumstances, but where and how does it originate? The time has gone by when the sailor can be regarded as in any sense a menace to civilian communities. We know, for example, that he has less venereal disease than the civilian, is more thoroughly treated when he does acquire it and lives under far more favorable conditions for health while in the service than before he entered it.

When cerebro-spinal meningitis threatened to become epidemic in the British Army in 1915, it was appreciated by the authorities that the epidemic must be closely related to the condition of the civilian population. There had indeed been a sudden and widespread epidemic in the British Isles in the winter of 1914–15 with a death rate of 50 to 60 per cent.

Since September 1, 1912, the reporting of cerebro-spinal meningitis has been compulsory in England and Wales. The following table shows the prevalence of this disease from 1912 to 1915, both inclusive, but the report for 1912 is a partial one only:

1912	1913	1914	1915
272	304	315	2,566

In addition to the 2,566 cases of cerebro-spinal meningitis reported for the civil population, 1915, there were in that year 1,146 cases in the military population of England and Wales, exclusive of cases reported from the armies in the field. The epidemic reached its height during the middle of March and declined rapidly after April. The smallest number of reported cases was in August and September. In 1916 there was a big drop in the number of cases reported. Thus for the week ending April 1 there were 112 cases reported in 1916, as compared with 209 in the week ending March 13, 1915. For the week ending April 15, 1916, there were 61 cases reported, as compared with 163 cases reported during the corresponding week in 1915.

In our own country we recall a large epidemic in New York and other parts of the United States, 1904 to 1906, with a death rate often reaching 75 per cent or higher, and the following year the disease appeared extensively in Ireland.

In 1912 there was a severe epidemic in Texas. A reference to the table above shows that immediately before, during, and immediately after these years of increased meningitis in our country the Navy rate rose markedly and then fell in 1916 to what it had been 14 years before (1 case in 1902 among a personnel numbering 31,240, and 2 cases in 1916 with a personnel of 69,294).

A study of the prevalence of this disease as shown in the carefully compiled reports of the United States Public Health Service yields interesting food for thought. We note that 26 States reported 890 cases of cerebro-spinal meningitis in the first six months of 1916, and 3,421 cases in the corresponding period of the present year. In 22 States there was an increase, in 4 a decrease. In Connecticut the cases reported jumped from 49 to 419; in Kansas, from 29 to 122; in Massachusetts, from 88 to 144; in Minnesota, from 16 to 379; in New York, from 196 to 363; in Ohio, from 89 to 539; in Pennsylvania, from 79 to 789; in Wisconsin, from 69 to 123.

Number of cases of cerebro-spinal meningitis reported by United States Public Health Service during the first six months of 1916 and 1917.

	1916	1917		1916	1917
Alabama	24	8	New Jersey	....	24
California	32	36	New York	196	363
Colorado	....	1	Ohio	89	539
Connecticut	49	416	Pennsylvania	79	789
District of Columbia	5	29	Rhode Island	12	30
Indiana	15	88	South Carolina	5	7
Iowa	7	16	Vermont	7	1
Kansas	29	122	Virginia	74	76
Louisiana	18	10	Washington	6	9
Maryland	26	136	West Virginia	20	31
Massachusetts	88	144	Wisconsin	69	123
Minnesota	16	379	Wyoming	5	2
Mississippi	15	11			
Montana	4	1		890	3,421

The following table shows the increase in the same period in 10 important cities of the United States. It would seem from what has gone before that we are justified in concluding that the military services reproduce and emphasize the conditions prevalent in civilian communities, and derive their contagious diseases from them. The conditions of service are inevitably favorable to the spread of cerebrospinal meningitis when so introduced, unless there is general cooperation to combat it.

Cerebro-spinal meningitis during six months from Jan. 1 to June 30.

	1916	1917		1916	1917
Boston	39	35	New York	159	221
Chicago	59	160	Philadelphia	29	379
Cleveland	32	133	San Francisco	1	11
Detroit	9	150	St. Louis	38	140
Kansas City, Mo	5	47			
Milwaukee	40	33		411	1,309

Trachoma.

Year.	Average complement.	Admissions.
1912	61,897	3
1913	65,926	8
1914	67,141	8
1915	68,075	31
1916	69,294	12

No explanation can be offered for the rather striking disproportionate sudden increase of admissions in 1915.

In concluding this brief summary of the many forms of endeavor planned, undertaken, or accomplished during the vital period embraced in this report, it is my duty and pleasure to invite the attention of the honorable Secretary of the Navy to the loyalty, fidelity, and energy displayed by those associated with me in all branches of the Medical Department. Medical and dental officers and members of the Nurse Corps and the Hospital Corps have displayed unflagging zeal in the performance of their work, and this has been equally true of the civilian force, beginning with the Chief Clerk of the bureau, who for many years has toiled early and late to further the best interests of the service.

W. C. BRAISTED.

STATISTICS.

PREFACE.

The basis for all medical department statistics lies in the forms used in connection with the preparation and keeping of the "Health Record," which deals with the physical requirements and health of the personnel of the Navy and Marine Corps.

Table No. 1.—Detailed statement of diseases and injuries for the calendar year.

(*a*) This table gives an alphabetical list of disabilities, the Navy class and international numbers (from the Navy nomenclature), shows the method of taking up and disposing of all cases, the number of sick days or time lost to the service (from Form F cards), and a summary with comparative data for 10 previous years (from Form K).

(*b*) The class number (Roman numerals) refers to the classification of the Navy nomenclature as follows:

I. Diseases of blood.
II. Diseases of circulatory system.
III. Diseases of digestive system.
IV. Diseases of ductless glands and spleen.
V. Diseases of ear.
VI. Diseases of eye and adnexa.
VII. Diseases of genito-urinary system (nonvenereal).
VIII. Diseases of infective type (nonvenereal).
IX. Diseases of infective type (venereal).
X. Diseases of lymphatic system.
XI. Diseases of mind.
XII. Diseases of motor system.
XIII. Diseases of nervous system.
XIV. Diseases of respiratory system.
XV. Diseases of skin, hair, and nails.
XVI. Hernias.
XVII. Miscellaneous diseases and conditions.
XVIII. Parasites (fungi and certain animal parasites).
XIX. Tumors.
XX. Injuries (wounds, etc.).
XXI. Poisons.

(*c*) The international number refers to the classification of diseases and injuries prepared by the International Commission (Paris, July 1 to 3, 1909).

(*d*) In the case of wounds, etc., and poisons, key letters immediately following the title (e. g., Abrasion, unqualified "G") are given for classification of the cause of such injury, and are interpreted as follows:

A. Suicidal.
B. Homicidal.
C. Conflagration. Includes all injuries incident to general conflagration. Burns otherwise received are not classed hereunder.
D. Accidental drowning or submersion.
E. Traumatism by firearms, accidental. To include all injuries caused by the projectile, the blast from great guns, or from the piece when fired.
F. Traumatism by explosion. To include powder, gas, compressed air, or steam explosions; also the explosion of a gun.
G. Traumatism by fall.
H. Traumatism by machines.
I. Traumatism by other crushing.
J. Traumatism due to athletic sports.
K. Casualty in action.
L. Traumatism due to other external violence not classified above.

(*e*) Figures from previous years for the preparation of the summary are as follows:

Year.	Average complement.	Number of cases.[1]	Deaths.	Invalided from service.	Sick days.
1906	42,529	43,714	241	1,117	518,461
1907	46,336	40,875	263	1,324	498,230
1908	52,913	46,280	305	1,878	543,603
1909	57,172	51,341	296	1,704	578,202
1910	58,340	53,782	363	1,556	613,656
1911	61,399	52,953	282	1,559	671,389
1912	61,897	50,565	282	1,345	645,079
1913	65,926	53,106	252	1,319	662,090
1914	67,141	59,526	281	1,426	729,305
1915	68,075	65,074	305	1,272	776,203

[1] Number of cases includes remaining from last year, admitted and readmitted.

Table No. 2.—Distribution of diseases and injuries among occupational groups for the calendar year.

(*a*) This table shows by occupational groups the class of disability, average complement, number of admissions, deaths, suicides, invalided from service (with rates per 1.000), sick days, and a damage figure; also a total for all occupations giving admissions, deaths, invalided from service (with rates per 1,000 based on the entire service complement), sick days, and a damage figure.

(*b*) The average complement for each occupational group is obtained from the Navy Year Book, except in the case of prisoners, which is obtained from the office of the Judge Advocate General of the Navy, and grouped as follows:

Officers: Line, medical, dental, pay, chaplain, professor of mathematics, naval constructor, civil engineer, chief and warrant, and Marine Corps.

Midshipmen: All classes of this personnel.

Electricians: All classes of this rating.

Engine room: Machinist's mate and oiler.

Fireroom: Fireman and water tender.

All other artificers: Blacksmith, boiler maker, carpenter's mate, coppersmith, painter, plumber and fitter, printer, sailmaker's mate, ship fitter, and shipwright.

Clerical: Storekeeper and yeoman.

Culinary: Baker, commissary steward, cook, messman, ship's cook, and steward.

Hospital Corps: All ratings of this corps.

Marines (enlisted): All enlisted ratings except Marine Band and drummer and trumpeter.

Musicians: Bandmaster, bugler, drummer, leader, musician, and trumpeter.

Prisoners: Detentioners and general court-martial prisoners.

Apprentices: Apprentice seamen.

Ordnance: Gunner's mate and turret captain.

All other deck ratings: Boatswain's mate, coxswain, landsman, master-at-arms, mate, quartermaster, seaman, and seaman-gunner.

(*c*) Number of admissions, deaths, suicides, invalided from service and sick days obtained from Form F cards.

(*d*) Rate per 1.000 is based on the average complement at the heading for each group.

(*e*) Damage is in terms of individuals whose loss of service by sickness, discharge from service, or death would be represented as continuous throughout he year. Damage, at the bottom of the table, is based on the average complement and figures under each group and for all occupations, at the right of he table, for the average complement and figures under "Totals for all occupations."

Damage is estimated by adding the death rate to the invalided rate and dividing this sum by 20 (see Gatewood's Hygiene); to this product add the percentage of sick, then multiply this sum by the average complement divided y 100.

Death rate and invalided rate is obtained by dividing the number of deaths r invalided by the average complement divided by 1.000.

Percentage of sick is obtained by dividing the daily average of patients by he average complement and mutiplying this product by 100.

Daily average of patients is obtained by dividing the sick days by the number of year days.

Table No. 3.—Casualties in the Navy and Marine Corps for the calendar year. This table is a summary of deaths, showing the cause, number, and the distribution among the officers and men.

Table No. 4.—Discharged from the service by reason of physical disability during the calendar year. This table is a summary of those invalided from the service or retired on account of physical disabilities, showing the disability, number, and distribution among the officers and men.

Table No. 5.—Surgical operations for the calendar year. This table is a summary of surgical operations performed, showing the condition for which the operation was performed, result of the operation, and the anesthetic employed.

Table No. 6.—Dental operations for the calendar year. This table shows a summary of dental operations and treatment, together with the number for each kind.

Table No. 7.—Recruiting statistics for the Navy and Marine Corps for the calendar year. This table is a summary of persons applying, examined, and enlisted showing the total number of applicants, total enlisted, number examined by the medical officer, number rejected by the medical officer for physical disqualifications, in the Navy for original and reenlistment, in the Marine Corps for original and reenlistment; also accepted applicants reexamined, and the number examined, etc., for all classes of the Naval Reserve and for civilian cruise.

A list of the principal causes of rejection by the medical officer is also appended.

TABLE 1.—DETAILED STATEMENT OF DISEASES AND INJURIES FOR THE CALENDAR YEAR 1916.

Diagnosis.	Taken up as—			Disposition.							Number of sick days this year.
	Remaining from last year.	Admitted.	Readmitted.	Duty.	Diagnosis changed.	Died.	Invalided from service.	Ran.	Transferred.	Continued to next year.	
DISEASES.											
Abscess about rectum (Class III, Inter. 110B)	3	91	53	91	10	......	1	......	39	6	2,23[illegible]
Abscess about urethra (Class VII, Inter. 125)	......	3	1	3	1	......	......	......	......	......	14
Abscess of axilla (Class X, Inter. 84)	2	34	6	38	......	......	......	......	4	......	561
Abscess of brain (Class XIII, Inter. 60)	......	2	......	......	......	2	......	......	......	......	2
Abscess of eye and adnexa (Class VI, Inter. 75C)	......	5	......	5	......	......	......	......	......	......	21
Abscess of kidney (Class VII, Inter. 122)	......	1	2	1	1	......	......	......	1	......	33
Abscess of kidney, perinephritic (Class VII, Inter. 122)	2	5	7	5	3	1	......	......	5	......	499
Abscess of liver (Class III, Inter. 115)	1	5	5	4	2	3	......	......	2	......	298
Abscess of lung (Class XIV, Inter. 98)	1	3	3	2	1	1	......	......	2	1	446
Abscess of lymph-node (Class X, Inter. 84)	1	32	4	33	1	......	......	......	2	1	794
Abscess of pharynx (Class XIV, Inter. 87)	1	10	3	11	......	......	......	......	3	......	108
Abscess of prostate gland (Class VII, Inter. 126)	......	4	2	3	......	......	......	......	2	1	78
Abscess of salivary gland (Class III, Inter. 99B)	......	3	2	3	......	......	......	......	1	1	97
Abscess of scrotum (Class VII, Inter. 127)	......	3	......	3	......	......	......	......	......	......	16
Abscess, subphrenic (Class III, Inter. 118)	......	2	2	1	1	1	......	......	1	......	36
Abscess, unqualified (Class VIII, Inter. 144)	35	1,465	291	1,507	47	......	1	......	207	29	16,417
Achylia gastrica (Class III, Inter. 113)	1	2	2	3	1	......	......	......	1	......	215
Acidosis, nondiabetic (Class XVII, Inter. 55)	......	1	......	1	......	......	......	......	......	......	2

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Acne (Class XV, Inter. 145C)	2	14	14	19	1				9	1	687
Adenoids (Class XIV, Inter. 86)	1	18	11	15	3				11	1	283
Adenoma (Class XIX, Inter. 46)		5	5	5	1				4		115
Adhesions about gall bladder (Class III, Inter. 115)		3	4	3	2				2		117
Adhesions about stomach (Class III, Inter. 117)		1					1				24
Adhesions of peritoneum (Class III, Inter. 117)	5	28	58	33	14		7		34	3	1,895
Adhesions, preputial (Class VII, Inter. 127)		1	1	1					1		6
Albuminuria (Class VII, Inter. 120)		8	4	7	1		1		3		282
Alopecia areata (Class XV, Inter. 145C)	1	2		3							55
Amaurosis (Class VI, Inter. 75C)		3	2		1		2	1	1		57
Amblyopia (Class VI, Inter. 75C)		4	6	3	1		1		5		144
Amputation stump (Class XVII, Inter. 149)	1	5	5	5			3		2	1	250
Anemia, simple (Class I, Inter. 54)	1	16	18	11	6				14	4	896
Aneurism (Class II, Inter. 81)	1	4	4	1	2	2	1		3		163
Angina ludovici (Class III, Inter. 100)		2	2	2	1				1		42
Angioma (Class XIX, Inter. 46)		1		1							5
Angiospastic edema (Class XIII, Inter. 74)		3	3	2	1				2	1	57
Ankylosis of joint (Class XII, Inter. 147)	2	21	19	15			9		16	2	783
Ankylosis of ossicles (Class V, Inter. 76)		1	1		1				1		3
Antiinoculation, unqualified (Class XVII, Inter. 189A)		212	20	212	4				15	1	526
Aphasia (Class XIII, Inter. 74)		1					1				9
Apoplexy (Class XIII, Inter. 64)		1				1					
Appendicitis, acute (Class III, Inter. 1 8)	25	497	347	461	74	6		2	287	39	14,989
Appendicitis, chronic (Class III, Inter. 108)	18	159	160	168	21	1	2	1	117	27	5,961
Arterial sclerosis, cerebral (Class XIII, Inter. 81)	1	1	2						4		348
Arterial sclerosis, general (Class II, Inter. 81)	2	8	17	7	5		3		12		811
Arthritis, acute (Class XII, Inter. 147)	4	70	24	69	9		1		17	2	1,266
Arthritis, chronic (Class XII, Inter. 147)	9	39	60	32	14		9		41	12	2,649
Arthritis, deformans (Class XII, Inter. 48A)		2	1	1			1		1		131
Ascariasis (Class XVIII, Inter. 107)	1	44	12	43	5				8	1	385
Asthma (Class XIV, Inter. 96)	4	24	57	38	4	1	11		29	2	1,038
Astigmatism (Class VI, Inter. 75C)	1	54	56	44	15		9		38	5	1,042
trophy of muscle (Class XII, Inter. 149)		1	1	1			1				21
trophy of optic nerve (Class VI, Inter. 75C)	1	3	3		2		3		2		217
trophy of testicle (Class VII, Inter. 127)		3	2	3					2		131
utointoxication, intestinal (Class III, Inter. 110B)	2	128	23	126	11				11	5	719
alanoposthitis (Class VII, Inter. 127)		22	4	22	1				3		137
lepharitis (Class VI, Inter. 75C)		5	4	6					2	1	138
radycardia (Class II, Inter. 85)		2	3	2	1				2		88
romidrosis (Class XV, Inter. 145C)		1					1				10
ronchiectasis (Class XIV, Inter. 90)		1								1	11
ronchitis, acute (Class XIV, Inter. 89)	24	1,044	253	1,022	67			1	186	45	8,965
ronchitis, chronic (Class XIV, Inter. 90)	14	127	155	100	60		16	1	104	15	4,997
ursitis, acute (Class XII, Inter. 149)	1	49	14	47	5				11	1	669
ursitis, chronic (Class XII, Inter. 149)	1	30	16	28	3				14	2	686
isson disease (Class XIII, Inter. 74)			2	1					1		16
lculus in bladder (Class VII, Inter. 123)	1	1	6	4	1				3		185

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Calculus in ureter, impacted (Class VII, Inter. 123)	......	4	2	3	......	......	......	......	3	......	38
Calculus in urethra, impacted (Class VII, Inter. 123)	......	......	1	1	......	......	......	......	......	......	12
Callositas (Class XV, Inter. 145C)	......	8	2	8	......	......	......	......	2	......	131
Carbuncle (Class VIII, Inter. 143)	1	60	10	60	......	1	......	......	10	......	673
Carcinoma (Class XIX, Inter. 39-45)	3	7	7	1	3	5	1	......	6	1	862
Cardiospasm (Class III, Inter. 103)	......	1	......	1	......	......	......	......	......	......	10
Caries of tooth (Class III, Inter. 99A)	......	43	11	38	3	......	4	......	8	1	197
Carrier, diphtheria bacillus (Class VIII, Inter. 9b)	4	50	37	52	1	......	1	......	37	......	1,622
Cataract (Class VI, Inter. 75C)	3	6	12	5	1	......	3	......	8	4	645
Cellulitis (Class VIII, Inter. 144)	5	382	121	388	12	......	1	......	94	13	4,839
Cerebro-spinal fever (Class VIII, Inter. 61a)	1	2	5	1	1	1	1	......	4	......	213
Cerumen, accumulation of (Class V, Inter. 76)	......	2	2	2	1	......	......	......	1	......	3
Chalazion (Class VI, Inter. 75C)	......	7	1	7	......	......	......	......	1	......	35
Chancroid (Class IX, Inter. 38A)	27	2,426	479	2,504	152	......	1	1	255	19	12,816
Chancroid of lymph-node (Class IX, Inter. 38A)	35	215	588	547	62	......	......	2	202	25	14,406
Chickenpox (Class VIII, Inter. 19)	7	62	55	62	13	......	......	......	43	6	1,120
Chilblain (Class XV, Inter. 145C)	......	1	......	1	......	......	......	......	......	......	......
Cholangitis, acute (Class III, Inter. 115)	6	142	73	141	13	......	......	......	62	5	0 2,893
Cholangitis, chronic (Class III, Inter. 115)	1	4	4	3	2	......	......	......	3	1	147
Cholecystitis, acute (Class III, Inter. 115)	2	39	29	36	10	......	......	......	22	2	838
Cholecystitis, chronic (Class III, Inter. 115)	1	11	11	11	3	......	......	......	8	1	467
Cholelithiasis (Class III, Inter. 114)	3	17	30	16	7	......	......	......	21	6	784
Cholera, Asiatic (Class VIII, Inter. 12)	......	2	5	3	2	......	......	......	2	......	49
Chondroma (Class XIX, Inter. 46)	......	1	2	1	1	......	......	......	1	......	4
Chorea (Class XIII, Inter. 72)	......	3	5	1	1	......	1	......	4	1	56
Chorea, chronic progressive (Class XIII, Inter. 74)	......	1	......	......	......	......	1	......	......	......	5
Choroiditis (Class VI, Inter. 75C)	3	2	3	3	......	......	2	......	2	1	171
Cicatricial contraction (Class XVII, Inter. 145C)	......	2	2	2	......	......	......	......	2	......	54
Cicatrix of skin (Class XV, Inter. 145C)	......	1	3	1	2	......	......	......	1	......	67
Cirrhosis of liver, atrophic (Class III, Inter. 113)	......	2	......	......	1	1	......	......	......	......	17
Cirrhosis of liver, hypertrophic (Class III, Inter. 113)	1	3	4	3	1	1	1	......	2	......	251
Clavus (Class XV, Inter. 145C)	3	26	3	31	......	......	......	......	1	......	289
Colitis, acute (Class III, Inter. 105B)	1	17	9	20	2	......	......	......	5	......	191
Colitis, chronic (Class III, Inter. 105B)	......	3	6	4	1	......	......	......	3	1	97
Color blindness (Class VI, Inter. 75C)	......	3	......	......	......	......	3	......	......	......	19
Congestion of kidney (Class VII, Inter. 122)	......	1	......	1	......	......	......	......	......	......	3
Congestion of lung, acute (Class XIV, Inter. 94)	......	6	4	4	2	......	......	......	3	1	38
Conjunctivitis, acute (Class VI, Inter. 75A)	5	240	60	236	11	......	......	......	53	5	1,893
Conjunctivitis, chronic (Class VI, Inter. 75A)	2	19	20	22	2	......	4	......	13	......	796
Conjunctivitis phlyctenular (Class VI, Inter. 75A)	......	4	......	3	......	......	......	......	......	1	33
Constipation (Class III, Inter. 110B)	4	252	52	250	23	......	1	......	30	4	1,483
Constitutional inferiority (Class XI, Inter. 68)	2	54	43	7	11	......	48	......	30	3	1,921
Constitutional psychopathic state (Class XI, Inter. 68)	1	20	15	8	4	......	12	......	10	2	689
Contracture of joint (Class XII, Inter. 147)	......	1	......	1	......	......	......	......	......	......	16
Contracture of (muscle, fascia, tendon, or sheath) (Class XII, Inter. 149)	1	9	10	8	......	......	3	......	6	3	166

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Corns (Class XV, Inter. 145C)		2		2							22
Cramp of ciliary muscle (Class VI, Inter. 75C)		1		1							8
Cramp of muscle (Class XII, Inter. 149)		17	1	17					1		103
Curvature of spine (Class XII, Inter. 36C)		4	4	1	1		2		3	1	78
Cyclitis (Class VI, Inter. 75C)		1								1	12
Cystitis, acute (nonvenereal) (Class VII, Inter. 124)		55	19	50	6				16	2	1,059
Cystitis, chronic (nonvenereal) (Class VII, Inter. 124)	2	6	10	8	5				5		709
Cystoma (Class XIX, Inter. 46)	1	36	19	31	4				17	4	794
Dacryocystitis (Class VI, Inter. 75C)		5	9	6			1		7		140
Deafness (Class V, Inter. 76)	1	21	14	9			9		12	6	1,086
Deformity of nose, acquired (Class XIV, Inter. 86)	2	25	24	25	1				22	3	791
Deformity of stomach, acquired (Class III, Inter. 103)			3	1	1				1		134
Dementia, cause unknown (Class XI, Inter. 68)	2	9	16		10		1		15	1	701
Dementia, paralytica (Class XI, Inter. 67)	11	11	25	3	4	5	5		19	11	4,072
Dementia, praecox (Class XI, Inter. 68)	15	56	141	4	31		40		122	15	6,572
Dengue (Class VIII, Inter. 19)	2	280	22	282	3				14	5	1,683
Dentition (Class XVII, Inter. 189A)	1	3		4							45
Dermatitis, unqualified (Class XV, Inter. 145C)	1	60	36	58	15				23	1	1,124
Dermatitis, venenata (Class XV, Inter. 145C)		42	10	44	2				6		280
Detachment of retina (Class VI, Inter. 75C)	1	1	2	1			1		2		136
Deviation of nasal septum (Class XIV, Inter. 86)	9	160	127	151	7		3	1	118	16	4,501
Diagnosis undetermined (Class XVII, Inter. 189A)		3	2					2	2	1	46
Diabetes insipidus (Class XVII, Inter. 55)		3	8		3		3		5		96
Diabetes mellitus (Class XVII, Inter. 50)		11	28	6	4	1	5		21	2	652
Dilatation, acute cardiac (Class II, Inter. 79C)		10	7	3	2	4			6	2	334
Dilatation, chronic cardiac (Class II, Inter. 79C)	1	2	5	2	1				5		126
Dilatation of stomach, chronic (Class III, Inter. 103)		1	1	1					1		23
Diphtheria (Class VIII, Inter. 9)	5	48	15	43	8	1			13	3	1,407
Duodenitis (Class III, Inter. 105B)	1	12	3	12	1				3		209
Dysentery, bacillary (Class VIII, Inter. 14A)		9	3	9	1				2		109
Dysentery, balantidic (Class XVIII, Inter. 14B)		2	2	1	1				2		83
Dysentery, entamebic (Class XVIII, Inter. 14B)	8	54	80	71	9		2		55	5	2,573
Dysentery, unclassified (Class VIII, Inter. 14D)		94	22	100	1		1		11	3	757
Dysidrosis (Class XV, Inter. 145C)		3		3							83
Dystrophy, progressive muscular (Class XIII, Inter. 63)		1	1						1	1	75
Ecthyma (Class XV, Inter. 145C)		2		2							17
Ectropion (Class VI, Inter. 75C)		1	1	1					1		19
Eczema (Class XV, Inter. 145C)	8	86	68	106	6		2		39	9	3,336
Elongation of uvula (Class III, Inter. 100)		1	1	1					1		2
Emphysema, pulmonary (Class XIV, Inter. 97)		1	2		1				1	1	18
Encephalitis, acute (Class XIII, Inter. 60)		1	1		1				1		3
Endocarditis, acute (Class II, Inter. 78)		15	9	4	6	1	2		9	2	471
Endocarditis, chronic (Class II, Inter. 79B)	1	13	12	3	2	3	8		9	1	439
Enlargement of prostate (Class VII, Inter. 126)		1		1							27
Enteritis, acute (Class III, Inter. 105B)	2	647	98	645	40				58	4	2,555

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Enteritis, chronic (Class III, Inter. 105B)	2	11	12	9	6		1		8	1	597
Enterocolitis (Class III, Inter. 105B)		9	3	11					1		82
Epididymitis, acute (nonvenereal) (Class VII, Inter. 127)	1	42	18	44	3				10	4	665
Epididymitis, chronic (nonvenereal) (Class VII, Inter. 127)	1	7	3	7	1		1		2		100
Epilepsy (Class XIII, Inter. 69)	4	70	85	26	15		39		68	11	2,536
Epistaxis (Class XIV, Inter. 85)		7	2	5	2				2		31
Epithelioma (Class XIX, Inter. 39–45)	1	6	11	8	2		1		7		558
Erysipelas (Class VIII, Inter. 18)	4	31	15	32		3			14	1	621
Erythema multiforme (Class XV, Inter. 145C)	1	9	4	8	3				2	1	97
Erythema nodosum (Class XV, Inter. 145C)		2	1	3							23
Erythema scarlatiniforme (Class XV, Inter. 145C)		3	4	2	2		1		2		89
Erythema simplex (Class XV, Inter. 145C)		3	1	3					1		44
Eustachian salpingitis, acute (Class V, Inter. 76)		3	1	3					1		51
Eustachian salpingitis, chronic (Class V, Inter. 76)		2	2		1		1		2		85
Exophthalmic goiter (Class IV, Inter. 51)		9	11	4	2		3		10	1	729
Favus (Class XVIII, Inter. 25B)		2	2	1	1				2		98
Fermentation, gastric (Class III, Inter. 103)		5	1	5					1		26
Fermentation, intestinal (Class III, Inter. 105B)		9	2	9					2		25
Fever of unknown cause (Class VIII, Inter. 189A)	1	343	87	346	39				41	5	2,597
Fibroma (Class XIX, Inter. 46)	1	11	3	11	1				3		209
Filariasis (Class XVIII, Inter. 19)		2	4	2	1		1			2	253
Fissure of anus (Class III, Inter. 110A)	2	7	10	9	1		1		8		694
Fissure of skin (Class XV, Inter. 145C)		1		1							1
Fistula, fecal (Class III, Inter. 110A)		2	4	4	1				1		179
Fistula in ano (Class III, Inter. 110A)	3	47	40	45	6		1		34	4	2,119
Fistula of salivary (gland or duct) (Class III, Inter. 99B)	1	2	1	1	1		1		1		162
Fistula of urethra (Class VII, Inter. 125)	1	1	2	1					1	2	78
Flagellate diarrhea (Class XVIII, Inter. 105B)	2	7	6	9	2				4		164
Folliculitis decalvans (Class XV, Inter. 145C)		1		1							4
Foreign body in auditory canal (Class V, Inter. 76)		1		1							1
Foreign body in stomach (Class III, Inter. 103)		2	1	2					1		10
Foreign body in ureter (Class VII, Inter. 122)		1	2	1	1				1		23
Foreign body in urethra Class VII, Inter 125)		1		1							4
Functional derangement of liver (Class III, Inter. 115)	1	20	12	19	5				7	2	500
Furunculosis (Class VIII, Inter. 143)	4	635	77	658	5				43	10	4,476
Ganglion (Class XII, Inter. 149)	2	5	4	7			1		3		204
Gastritis, acute catarrhal (Class III, Inter. 103)	5	190	70	199	26				35	5	1,421
Gastritis, chronic catarrhal (Class III, Inter. 103)	11	73	112	71	37		4	1	69	14	3,296
Gastritis, acute phlegmonous (Class III, Inter. 103)		1		1							3
Gastroduodenitis (Class III, Inter. 105B)	1	34	9	35	3				6		461
Gastroenteritis (Class III, Inter. 105B)	1	294	60	291	23				36	5	1,466
Gastroptosis (Class III, Inter. 103)	1	3	3	1	1		1		4		222
German measles (Class VIII, Inter. 19)	2	80	59	77	14				50		1,296

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Gingivitis (Class III, Inter. 99A)		6		6							27
Glaucoma, chronic (Class VI, Inter. 75C)		1	1		1				1		24
Glycosuria (Class XVII, Inter. 50)	1	1	1	2					1		40
Goiter (Class IV, Inter. 88)	3	19	18	14	1		5		16	4	1,181
Gonococcus infection of conjunctiva (Class IX, Inter. 38B)		5	7	3	3				5	1	70
Gonococcus infection of joints (Class IX, Inter. 38B)	16	52	213	116	15		16	2	113	19	8,210
Gonococcus infection of lymph-node (Class IX, Inter. 38B)	5	31	89	82	10				28	5	2,431
Gonococcus infection of urethra (Class IX, Inter. 38B)	128	5,731	1,545	6,566	104		7	10	651	66	43,357
Gonococcus infection, unqualified (Class IX, Inter. 38B)	51	259	725	753	31		3	4	210	34	16,881
Gout, acute (Class XVII, Inter. 48C)		4	4	5	1				1	1	52
Gout, chronic (Class XVII, Inter. 48C)		1	2	1	1				1		8
Hallux valgus (Class XII, Inter. 149)		7	3	5					4	1	136
Hammer toe (Class XII, Inter. 149)	1	16	12	13			2		11	3	525
Hay fever (Class XIV, Inter. 98)		4	4	4	1		1		2		35
Headache (Class XVII, Inter. 189A)	1	10	7	9	2				6	1	214
Heart block (Class II, Inter. 85)		2		1		1					2
Hematemesis (Class III, Inter. 103)		1	1	1					1		120
Hematoma of external ear, nontraumatic (Class V, Inter. 76)		1								1	6
Hematuria, renal (Class VII, Inter. 122)	1	1	1		1		1		1		144
Hemiplegia, old (Class XIII, Inter 66)		1	2	1					1	1	80
Hemoglobinuria (Class VII, Inter. 122)		1					1				35
Hemoglobinuric fever (Class VIII, Inter. 19)		3	5	2		1			5		112
Hemophilia (Class I, Inter. 55)		2		1			1				16
Hemoptysis (Class XIV, Inter. 98)		1	1						1	1	51
Hemorrhage, intestinal (Class III, Inter. 110B)		2	2	3					1		8
Hemorrhage into cerebrum (Class XIII, Inter. 64)	1	2	5	1	3	1			2	1	173
Hemorrhage into retina (Class VI, Inter. 75C)		3	4	2	1		1		3		110
Hemorrhage, subdural (Class XIII, Inter. 64)		1			1						34
Hemorrhoids (Class III, Inter. 83)	24	339	248	349	20				227	15	7,909
Hernia, epigastric (Class XVI, Inter. 109)		4	3	4					3		129
Hernia, femoral (Class XVI, Inter. 109)		2	1	2					1		90
Hernia, inguinal (Class XVI, Inter. 109)	38	370	416	396	19		20	1	349	39	16,535
Hernia of (muscle, fascia, tendon, or sheath) (Class XII, Inter. 149)		4	3	3					3	1	132
Hernia, umbilical (Class XVI, Inter. 109)	2	3	1	3	1				1	1	123
Hernia, ventral (Class XVI, Inter. 109)	2	18	23	18	2		1		19	3	1,249
Herpes (Class XV, Inter. 145)		27	3	27	1				2		139
Hodgkin's disease (Class X, Inter. 53A)		1	2	1	1				1		78
Hordeolum (Class VI, Inter. 75C)		21	1	22							68
Hydrocele of spermatic cord (Class VII, Inter. 127)	1	12	8	16					5		322
Hydrocele of tunica vaginalis (Class VII, Inter. 127)	3	41	39	51	2				26	4	1,262
Hydronephrosis (Class VII, Inter. 132)		2								2	19
Hyperidrosis (Class XV, Inter. 145C)		1		1							13
Hypermetropia (Class VI, Inter. 75C)		62	31	49	13		14		16	1	817
Hypernephroma (Class XIX, Inter. 45E)	1					1					23

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Hypertrophy of bone (Class XII, Inter. 146)		8	4	8					4		75
Hypertrophy of mammary gland (Class XVII, Inter. 133)		1		1							15
Hypertrophy of tonsil (Class III, Inter. 100)	10	219	179	229	9		1		157	12	3,978
Hypochlorhydria (Class III, Inter. 103)		6	1	5	1				1		104
Hypochondriasis (Class XIII, Inter. 68)	1	1	4	2	1		1		2		123
Hysteria (Class XIII, Inter. 73A)	4	29	28	21	11		9		19	1	776
Imbecility (Class XI, Inter. 74)		2	1				2		1		61
Impacted feces (Class III, Inter. 110B)		1		1							5
Impetigo contagiosa (Class XV, Inter. 145C)		30	11	31	2				7	1	447
Impetigo herpetiformis (Class XV, Inter. 145C)		1	1	2							30
Impetigo simplex (Class XV, Inter. 145C)	1	4	2	5					2		73
Incontinence of urine (Class VII, Inter. 124)	2	17	17	10			12		14		469
Inflammation of salivary gland (Class III, Inter. 99B)		9	6	6	3				5	1	82
Influenza (Class VIII, Inter. 10)	89	3,233	444	3,303	107				301	55	16,063
Ingrowing nail (Class XV, Inter. 145C)	4	214	60	220	1		1		46	10	2,641
Insomnia (Class XVII, Inter. 189A)		3	3	3	1				2		39
Insufficiency of ocular muscle (Class VI, Inter. 75C)		2	3	1	1		1		2		128
Intertrigo (Class XV, Inter. 145C)	1	1		2							6
Iridocyclitis (Class VI, Inter. 75C)		4	3	4					3		304
Iritis (Class VI, Inter. 75C)	2	35	35	36	5		1		29	1	1,080
Jaundice, acute infective (Weil's disease) (Class VIII, Inter. 111)		1	2		1				1	1	55
Keratitis (Class VI, Inter. 75C)		12	10	15			1		5	1	339
Keratitis, phlyctenular (Class VI, Inter. 75C)	2	2	2	4					2		70
Keratoiritis (Class VI, Inter. 75C)			3						2	1	12
Laryngitis, acute (Class XIV, Inter. 87)	3	72	6	73	3				3	2	602
Laryngitis, chronic (Class XIV, Inter. 87)	1	4	5	4	1				4	1	308
Leprosy (Class VIII, Inter. 17)		1						1			4
Leukemia (Class I, Inter. 53C)		2				2					271
Leukoma (Class VI, Inter. 75C)		2	2		2		1		1		201
Lichen planus (Class XV, Inter. 145 C)		1	1						1	1	58
Lipoma (Class XIX, Inter. 46)	1	13	7	11	3				4	3	418
Locomotor ataxia (Class XIII, Inter. 62)	1	4	8	5	1		1		4	2	275
Loose body in joint (Class XII, Inter. 147)	1	5	8	4	2				5	3	456
Lupus, erythematosus (Class XV, Inter. 145C)		1	2	2					1		11
Lymphadenitis, acute (Class X, Inter. 84)	29	415	259	432	51			1	180	39	13,359
Lymphadenitis, chronic (Class X, Inter. 84)	9	40	48	44	16		2		32	3	2,464
Lymphangiectasis (Class X, Inter. 84)		1							1		0
Lymphangitis (Class X, Inter. 84)	2	57	13	54	6				10	2	694
Malaria (Class VIII, Inter. 4)	36	1,859	1,740	3,038	110	1	3		421	62	27,386
Malformations, congenital (Class XVII, Inter. 150)		12	4	9			3		3	1	217
Malingering (Class XVII, Inter. 189B)	1	5	2	5	2				1		96
Malnutrition (Class XVII, Inter. 189A)		1	2	1	1				1		89
Mastoiditis, acute (Class V, Inter. 146)	2	14	8	12	3		1		7	1	815
Mastoiditis, chronic (Class V, Inter. 146)	1	5	4	3	1		1		5		351
Masturbation (Class VII, Inter. 74)		3	2	2			1		2		36
Measles (Class VIII, Inter. 6)	4	523	454	446	77			1	418	39	10,876
Melancholia, involutional (Class XI, Inter. 68)	1	2	6	3	2				4		133

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Ménière's disease (Class XIII, Inter. 76)		1	2		1				1	1	19
Meningitis, cerebral (Class XIII, Inter. 61)		5	3	1	1	3			2	1	164
Meningitis, cerebro-spinal (Class XIII, Inter. 61)		4	3	1	2	2			2		163
Metatarsalgia (Class XII, Inter. 149)		1	1		1				1		10
Migraine (Class XVII, Inter 74)		9	2	11							21
Mumps (Class VIII, Inter. 19)	78	726	641	741	41				608	55	16,515
Myelitis, transverse (Class XIII, Inter. 63)	1						1				35
Mycosis fungoides (Class XV, Inter. 25B)		1		1							17
Myiasis (Class XVIII, Inter. 145C;		2		2							1
Myocarditis, acute (Class II, Inter. 78)		4	3	3	1	1			2		151
Myocarditis, chronic (Class II, Inter. 79C)	1	12	14	7	6	1	4		8	1	352
yopia (Class VI, Inter. 75C)	2	40	22	19	6		20		16	3	694
yositis, acute (Class XII, Inter. 149)		36	18	38	7				8	1	545
yositis, chronic (Class XII, Inter. 149)	1	10	7	5	4		2		6	1	457
yringitis, acute (Class V, Inter. 76)		6		6							36
yringitis, chronic (Class V, Inter. 76)	1		1	1					1		42
ausea marina (Class XVII, Inter. 189A)	1	40	17	47			2	1	7	1	357
ecrosis (Class XII, Inter. 146)		8	8	6			1		7	2	275
ephritis, acute (Class VII, Inter. 119)	10	32	30	24	15	2	3		25	3	1,854
ephritis, chronic interstitial (Class VII, Inter. 120)	6	21	29	19	6	4	7		17	3	1,538
ephritis, chronic parenchymatous (Class VII, Inter. 120)	6	32	24	19	6	3	12		20	2	1,547
ephrolithiasis (Class VII, Inter. 123)	1	21	10	16	1		1		12	2	645
ephroptosis (Class VII, Inter. 122)			1							1	9
rvous dyspepsia (Class III, Inter. 103)		3	4	2	1				3	1	152
uralgia (Class XIII, Inter. 73B)	3	91	48	96	17				26	3	1,126
urasthenia (Class XIII, Inter. 74)	14	86	155	59	39		19	1	113	24	5,883
uritis (Class XIII, Inter. 73B)	5	62	59	65	16		5		34	6	2,318
uritis, multiple (Class XIII, Inter. 73B)	1	4	4		3		1		4	1	150
uritis, optic (Class VI, Inter. 5C)	2	1		2			1				108
uroretinitis (Class VI, Inter. 5C)		4	4	1	1		1		3	2	239
urosis, intestinal (Class III, Inter. 110B)	1	52	19	55	7		1		8	1	601
urosis, occupational (Class XIII, Inter. 74)		2	2	2			1		1		51
urosis of bladder (Class VII, Inter. 124)		32	28	16	2		16		24	2	995
urosis, traumatic (Class XIII, Inter. 74)		5	5	3	2		2		3		93
vus (Class XV, Inter. 150)		1	1		1				1		11
discase (Class XVII, Inter. 89A)	4	231	251	233	84		1		163	5	3,457
stalgia (Class XVII, Inter. 68)		3		3							19
esity (Class XVII, Inter. 55)		1	1	1					1		84
struction, acute intestinal (Class III, Inter. 109)		7	6	3	3	2			4	1	111
struction, chronic intestinal (Class III, Inter. 109)		5	8	3	2		1		4	3	179
ontoma (Class XIX, Inter. 46)		1		1							48
yc ia (Class XV, Inter. 145C)	1	34	6	33	1			1	6		573
acity of vitreous humor (Class I, Inter. 75C)		1	1						1	1	51
hitis, acute (nonvenereal) (Class VII, Inter. 127)	2	79	19	78	7				12	3	1,069
hitis, chronic (nonvenereal) (Class VII, Inter. 127)		3	1	3	1						82
eoma (Class XIX, Inter. 46)	3	9	13	8	2		3		10	2	444
eomyelitis, acute (Class XII, Inter. 146)		2	4	1					2	3	389

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Osteomyelitis, chronic (Class XII, Inter. 146)		5	3	3			2		2	1	155
Otitis externa (Class V, Inter. 76)	5	184	71	189	15		2		53	1	2,041
Otitis, interna, acute (Class V, Inter. 76)	1	2	1	2	1				1		106
Otitis interna, chronic (Class V, Inter. 76)		14	6	7			5		7	1	327
Otitis, media, acute (Class V. Inter. 76)	13	261	111	241	21		2	1	96	24	5,282
Otitis media, chronic (Class V, Inter. 76)	15	227	202	190	22		76		131	25	8,269
Oxyuriasis (Class XVIII, Inter. 107)		1		1							1
Pachymeningitis, cerebral (Class XIII, Inter. 61)			2						1	1	246
Palpitation, cardiac (Class II, Inter. 85)		11	9	7	4				8	1	235
Pancreatitis, acute (Class III, Inter. 118)		5	3	5	1				2		104
Pancreatitis, chronic (Class III, Inter. 118)		2	1	1	1				1		40
Panophthalmitis (Class VI, Inter. 75)	1			1							82
Papilloma (Class XIX, Inter. 46)		5	5	5	1				4		202
Pappataci fever (Class VIII, Inter. 19)		10		10							39
Paralysis, agitans (Class XIII, Inter. 63)		1	2		1				1	1	80
Paralysis of nerve (Class XIII, Inter. 66)		15	11	9	4		3		9	1	634
Paralysis of ocular muscle (Class VI, Inter. 75C)	1	8	11	6	3		2		8	1	798
Paralysis of vocal cords (Class XIV, Inter. 74)		1	1				1		1		15
Paronoia (Class XI, Inter. 68)	1	1	3		1		1		3		59
Paronoid state (Class XI, Inter. 68)		2	4		1		1		4		31
Paraphimosis (Class VII, Inter. 127)	2	9	3	12					2		139
Paraplegia, ataxic (Class XIII, Inter. 66)		1								1	30
Paratyphoid fever (Class VIII, Inter. 1)	1	4	1	4	1				1		176
Pediculosis (Class XVIII, Inter. 145C)		42		42							33
Pemphigus (Class XV, Inter. 145C)		2	1	2	1						102
Perforated nasal septum (Class XIV, Inter. 86)			2	1	1						14
Pericarditis (Class II, Inter. 77)		1				1					0
Perichondritis of auricle (Class V, Inter. 76)		1	1	1					1		7
Periostitis, acute (Class XII, Inter. 146)	1	25	5	21	4			1	4	1	513
Periostitis, chronic (Class XII, Inter. 146)	1	11	6	11	1		1		5		628
Peritonitis, acute general (Class III, Inter. 117)		4	4	2	2	3			1		148
Pes cavus (Class XII, Inter. 149)	1	5	5	4	1		1		5		146
Pes planus (Class XII, Inter. 149)	3	219	205	98	12		141		163	13	6,331
Pharyngitis, acute (Class III, Inter. 103)		79	9	78	2				8		438
Pharyngitis, chronic (Class III, Inter. 103)		2		2							38
Phimosis (Class VII, Inter. 127)	1	161	25	157	2				24	4	1,444
Phlebitis (Class II, Inter. 83)	1	20	9	20	2		2		6		692
Pityriasis rosea (Class XV, Inter. 145C)		5	3	4	2				2		74
Pityriasis versicolor (Class XVIII, Inter. 25B)		2		2							1
Pleurisy, acute fibrinous (Class XIV, Inter. 93)	7	130	75	111	32				60	9	2,646
Pleurisy, chronic fibrinous (Class XIV, Inter. 93)	2	17	17	10	4		4		13	5	831
Pleurisy, serofibrinous (Class XIV, Inter. 93)	7	28	26	23	12				24	2	2,084
Pleurisy, suppurative (Class XIV, Inter. 93)	7	23	19	18	7	5	3		11	5	3,094
Pleuritic adhesions (Class XIV, Inter. 93)		6	4	1	2		4		3		183

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Pneumonia, broncho (Class XIV, Inter. 91)	8	40	22	24	17	3			23	3	1,162
Pneumonia, interstitial (Class XIV, Inter. 98)		3					3				63
Pneumonia, lobar (Class XIV, Inter. 92)	54	216	148	193	55	15	1	1	125	28	8,438
Poliomyelitis, acute anterior (Class VIII, Inter. 63)		5	9	2	4	1			5	2	383
Polypus, nasal (Class XIV, Inter. 46)	2	12	14	13	1				12	2	401
Presbyopia (Class VI, Inter. 75C)		6	10	5	4		1		6		208
Proctitis (Class III, Inter. 110A)	1	4	1	5					1		72
Prolapse of rectum (Class III, Inter 110B)		1	3	1	1				2		82
Prostatitis, acute (Class VII, Inter. 126)		6	8	6	2				6		123
rostatitis, chronic (Class VII, Inter. 126)	1	2	6	7					2		83
ruritus (Class XV, Inter. 145C)		3	2	3					2		48
soriasis (Class XV, Inter. 145C)		16	6	16					3	3	270
sychasthenia (Class XI, Inter. 63)	5	35	60	10	20		10	1	48	11	2,007
sychosis, due to organic brain disease (Class XI, Inter. 74)		3	8		1	1			9		331
sychosis, epileptic (Class XI, Inter. 69)		1	3		1		1		2		20
sychosis (exhaustive, infective, and toxic) (Class XI, Inter. 68)		4	5	2	2	1	1		3		127
ychosis, hysterical (Class XI, Inter. 73A)	1	5	7	4	1			1	5	2	122
ychosis, intoxication (Class XI, Inter. 68)	1	17	20	14	6		1		14	3	483
ychosis, manic depressive lass XI, Inter. 68)	3	9	11	1	6		4		11	1	1,174
ychosis, senile (Class XI, nter. 154A)		1	1	1					1		113
ychosis, traumatic (Class XI, nter. 68)	1	3	4	2	1		2		2	1	206
rygium (Class VI, Inter. 75C)	2	33	41	33	4		1		32	6	977
pura (Class I, Inter. 55)		8	11	10	3				6		264
pura, hemorrhagic (Class I, nter. 55)	1	1	2	1	2				1		35
elitis (Class VII, Inter. 122)		7	3	6	1				3		149
elonephritis (Class VII, Inter. 2)	1	5	7	4		1			7	1	172
orospasm (Class III, Inter. 3)		1	1	1					1		15
rrhoea, alveolar (Class III, ter. 99A)	1	33	18	29	3		2		12	6	565
ies (Class VIII, Inter. 23)		1		1							0
undant prepuce (Class VII, ter. 127)	3	134	15	134	2				13	3	1,186
undant scrotum (Class VII, ter. 127)		2		2							38
rgitation of stomach (Class , Inter. 103)		1	2	1	1				1		78
ntion cyst (Class XIX, ter. 46)		5	1	5					1		34
itis (Class VI, Inter. 75C)		14	8	7	2		5		6	2	430
matic fever, acute (Class II, Inter. 47)	24	212	166	237	35		1	1	115	13	7,993
matic fever, subacute (Class II, Inter. 47)	4	72	39	70	8		2		31	4	2,083
matism, chronic articular ass XVII, Inter. 48B)	19	86	110	94	11		23		73	14	5,089
matism, muscular (Class II, Inter. 48B)	18	316	139	343	30		4		87	9	4,853
itis, acute (Class XIV, er. 86)	2	83	7	86	1				4	1	286
itis, atrophic (Class XIV, er. 86)	2	2	3	2	1		1		3		198
is, hypertrophic (Class V, Inter. 86)	1	29	29	25	4		3		22	5	804
ma (Class XIX, Inter. 5)	2	1			1	1				1	127
s (Class XVIII, Inter. 3)	11	388	124	398	6				106	13	3,929
t fever (Class VIII, Inter. 7)	7	91	58	91	18				47		3,767
is (Class VI, Inter. 75C)		1								1	26
ty (Class XVII, Inter. 154B)		2	2	1			1		2		86
emia (Class VIII, Inter. 20)		4	4		2	5			1		9

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Shock (Class XVII, Inter. 189A)		3		2		1					3
Sinus (Class XVII, Inter. 145C)	1	6	5	8					3	1	212
Sinusitis, ethmoidal (Class XIV, Inter. 146)		4	6	5			1		3	1	137
Sinusitis, frontal (Class XIV, Inter. 146)	4	36	18	37	3		2		14	2	706
Sinusitis, maxillary (Class XIV, Inter. 146)	3	14	16	13	2				14	4	919
Smallpox (Class VIII, Inter. 5)		4		2		1			1		92
Somnambulism (Class XIII, Inter. 74)		5	8	2	1		4		6		107
Spasm habit (Class XIII, Inter. 74)		1	2		1		1		1		29
Spur on nasal septum (Class XIV, Inter. 86)		9	5	8					4	2	141
Stenosis of nasal duct (Class VI, Inter. 75C)		1	2	1	1				1		5
Stenosis of pylorus (Class III, Inter. 103)		3	1	2	1				1		21
Stomatitis (Class III, Inter. 99B)		9	2	6	2				2	1	74
Stricture of rectum (Class III, Inter. 110B)		1	2	2	1						34
Stricture of ureter (Class VII, Inter. 122)		1		1							16
Stricture of urethra (Class VII, Inter. 125)	3	27	22	32	2				18		632
Stuttering (Class XIII, Inter. 74)		1	1				1		1		27
Suppression of urine (Class VII, Inter. 124)		1	1		1				1		11
Symblepharon (Class VI, Inter. 75C)		1	1	1					1		19
Syphilis (Class IX, Inter. 37)	223	1,542	2,099	2,183	204	5	62	8	1,229	173	67,814
Tachycardia (Class II, Inter. 85)	1	12	11	8	1		4		10	1	271
Talipes (Class XII, Inter. 149)		1					1				14
Teniasis (Class XVIII, Inter. 107)		21	2	20					2	1	151
Tenosynovitis (Class XII, Inter. 149)	1	41	7	40	2				5	2	552
Teratoma (Class XIX, Inter. 46)		2		2							25
Tetanus (Class VIII, Inter. 24)	1	5		2	1	3					158
Thrombosis (Class II, Inter. 82)	4	1	1	4					2		302
Thyroiditis, acute (Class IV, Inter. 88)		2	4	2			1		3		147
Tic, convulsive (Class XIII, Inter. 74)		1	2		1				1	1	61
Tonsillitis, acute follicular (Class III, Inter. 100)	79	4,092	925	4,114	106			2	801	73	24,367
Tonsillitis, chronic (Class III, Inter. 100)	7	81	62	95	6		1		43	5	1,650
Trachoma (Class VI, Inter. 75B)	1	12	5	3			9		6		262
Trichophytosis (Class XVIII, Inter. 145A)	2	147	29	151	1			1	21	4	1,362
Trichuriasis (Class XVIII, Inter. 107)		1		1							16
Trichuris trichiura (Class XVIII, Inter. 107)		1		1							13
Tuberculosis, abdominal (Class VIII, Inter. 31)	1	7	5	1	3	3	2		8	1	693
Tuberculosis, acute broncho-pneumonic (Class VIII, Inter. 29)	2	5	4		5				4	2	508
Tuberculosis, acute pneumonic (Class VIII, Inter. 29)	10	12	19		17	4	1		18	1	2,228
Tuberculosis, acute pulmonary miliary (Class VIII, Inter. 29)	2	6	8		5	2	1		8		281
Tuberculosis, chronic pulmonary (Class VIII, Inter. 28)	170	235	494	20	65	26	90	5	490	203	71,539
Tuberculosis of joint (Class VIII, Inter. 33)	2	6	6		4				8	2	998
Tuberculosis of larynx (Class VIII, Inter. 28)		2	4		1	1			2	2	437
Tuberculosis of pleura (Class VIII, Inter. 28)	2	1	2	1					3	1	447
Tuberculosis, unqualified (Class VIII, Inter. 34)	5	12	19	4	4	2			18	8	1,756
Tuberculous meningitis (Class VIII, Inter. 30)		1	2		1	1			1		2
Typhoid fever (Class VIII, Inter. 1)	2	17	15	14	7				13		921
Typhus fever (Class VIII, Inter. 2)		1	1	1	1						14

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Ulcer of duodenum (Class III, Inter. 105A)	3	12	13	9	6	1			9	3	1,309
Ulcer of eye and adnexa (Class VI, Inter. 75C)	5	30	19	45	4				14		1,046
Ulcer of intestines (Class III, Inter. 105B)		1	3		2				2		91
Ulcer of mouth (Class III, Inter. 99B)	2	3	4	5	2				2		99
Ulcer of nasal passage (Class XIV, Inter. 86)		7	6	5	2				4	2	215
Ulcer of rectum (Class III, Inter. 110B)		5	1	4	1				1		128
Ulcer of skin (Class XV, Inter. 145C)	10	72	52	81	8		3		31	11	3,442
Ulcer of stomach (Class III, Inter. 102)	3	26	47	20	9	1	2		36	8	2,362
Ulceromembranous angina (Class III, Inter. 160)	2	53	8	52	1				6	4	515
Uncinariasis (Class XVIII, Inter. 106)		90	10	91	3				5	1	388
Union of fracture faulty (Class XII, Inter. 146)	1	6	5	4			3		4	1	461
Ureteral colic (Class VII, Inter. 123)		5	4	5	2				2		30
Urethritis, acute (nonvenereal) (Class VII, Inter. 125)		7	2	9							31
Urticaria (Class XV, Inter. 145C)	1	32	11	34	4				6		251
Vaccinia (Class VIII, Inter. 19)	3	501	37	500	3				35	3	2,019
Valvular disease, chronic cardiac (Class II, Inter. 79A)	5	63	46	24	5	5	37	1	39	3	2,289
Varicocele (Class VII, Inter. 83)	6	176	128	172	7		2		118	11	4,779
Varix (Class II, Inter. 83)	3	64	77	61	6		5		67	5	2,789
Vertigo (Class XVII, Inter. 189A)	2	8	1	8	3						101
Wart (Class XV, Inter. 145C)	2	38	7	38	2				6	1	382
Whooping cough (Class VIII, Inter. 8)		3		3							27
Zoster (Class XIII, Inter. 145C)		20	3	20					3		182
INJURIES.											
Abrasion, unqualified "G" (Class XX, Inter. 186)		16	1	17							120
Abrasion, unqualified "H" (Class XX, Inter. 186)		3	1	4							18
Abrasion, unqualified "I" (Class XX, Inter. 186)		5		5							36
Abrasion, unqualified "J" (Class XX, Inter. 186)		3		3							11
Abrasion, unqualified "L" (Class XX, Inter. 186)	1	102	3	102	2				2		601
Abrasions, multiple "G" (Class XX, Inter. 186)		3	1	3					1		42
Abrasions, multiple "I" (Class XX, Inter. 186)		1		1							2
Abrasions, multiple "L" (Class XX, Inter. 186)		20	8	24	1				3		201
Avulsion of limb "F" (Class XX, Inter. 186)		1				1					0
Avulsion of limb "I" (Class XX, Inter. 186)		1		1							35
Avulsion of limb "L" (Class XX, Inter. 186)		1	3						3	1	148
Avulsion, unqualified "H" (Class XX, Inter. 186)	1	13	8	13	1		2		5	1	464
Avulsion, unqualified "I" (Class XX, Inter. 186)	1	5	1	5					1	1	100
Avulsion, unqualified "L" (Class XX, Inter. 186)		1		1							7
Blood donor "L" (Class XX, Inter. 186)		1		1							5
Burn "C" (Class XX, Inter. 167)		5		5							62
Burn "F" (Class XX, Inter. 167)		23	1	23					1		167
Burn "G" (Class XX, Inter. 167)		4		4							66
Burn "H" (Class XX, Inter. 167)		5	3	5					3		255
Burn "L" (Class XX, Inter. 167)	7	180	12	191	1				10	3	1,817
Burns, multiple "C" (Class XX, Inter. 167)		10	2	10					2		99
Burns, multiple "F" (Class XX, Inter. 167)	3	53	37	41	4	11			30	7	1,561
Burns, multiple "H" (Class XX, Inter. 167)		1		1							7

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Burns, multiple "L" (Class XX, Inter. 187)	2	81	16	81					17	1	1,112
Compression of chest "D" (Class XX, Inter. 186)		1				1					0
Compression of nerve "G" (Class XX, Inter. 186)		1	1		1				1		43
Compression of nerve "J" (Class XX, Inter. 186)		1							1		0
Compression of nerve "L" (Class XX, Inter. 186)		1	2	1					1	1	33
Contusion "B" (Class XX, Inter. 186)		1		1							1
Contusion "E" (Class XX, Inter. 186)		4		4							19
Contusion "F" (Class XX, Inter. 186)	1		1	2							8
Contusion "G" (Class XX, Inter. 186)	7	309	53	303	13		1	1	45	6	3,213
Contusion "H" (Class XX, Inter. 186)	2	39	6	35	3				7	2	300
Contusion "I" (Class XX, Inter. 186)	3	144	19	142	6				15	3	1,424
Contusion "J" (Class XX, Inter. 186)	1	154	43	152	14				31	1	986
Contusion "L" (Class XX, Inter. 186)	5	509	79	516	18				54	5	3,670
Contusions, multiple "B" (Class XX, Inter. 186)		1		1							17
Contusions, multiple "E" (Class XX, Inter. 186)		1		1							2
Contusions, multiple "F" (Class XX, Inter. 186)	1			1							22
Contusions, multiple "G" (Class XX, Inter. 186)	3	50	14	52	2				12	1	466
Contusions, multiple "H" (Class XX, Inter. 186)		3		3							21
Contusions, multiple "I" (Class XX, Inter. 186)		6	2	6					1	1	61
Contusions, multiple "J" (Class XX, Inter. 186)		14	1	14					1		37
Contusions, multiple "L" (Class XX, Inter. 186)	1	44	15	38					18	4	415
Crush of lower limb "H" (Class XX, Inter. 186)		2		1						1	17
Crush of lower limb "I" (Class XX, Inter. 186)	1	7	3	7					3	1	287
Crush of lower limb "L" (Class XX, Inter. 186)		2	2	1					2	1	131
Crush of upper limb "H" (Class XX, Inter. 186)	1	7		7						1	237
Crush of upper limb "I" (Class XX, Inter. 186)		9		9							144
Crush of upper limb "L" (Class XX, Inter. 186)		2		2							45
Dislocation about ankle "G" (Class XX, Inter. 185A)		3	1	3					1		49
Dislocation about ankle "J" (Class XX, Inter. 185A)		2	1	2					1		52
Dislocation about ankle "L" (Class XX, Inter. 185A)		1	1						1	1	13
Dislocation about wrist "G" (Class XX, Inter. 185A)	1	3	3	3	2				2		78
Dislocation about wrist "I" (Class XX, Inter. 185A)		1	1		1				1		1
Dislocation about wrist "J" (Class XX, Inter. 185A)		1		1							10
Dislocation about wrist "L" (Class XX, Inter. 185A)		7		6			1				93
Dislocation of clavicle "J" (Class XX, Inter. 185A)	1	4	4	5					3	1	144
Dislocation of clavicle "L" (Class XX, Inter. 185A)	1	1	1	1			1		1		78
Dislocation of elbow "G" (Class XX, Inter. 185A)		8	6	7	2				5		206
Dislocation of elbow "H" (Class XX, Inter. 185A)		1	2	2					1		247
Dislocation of elbow "I" (Class XX, Inter. 185A)		1							1		1
Dislocation of elbow "J" (Class XX, Inter. 185A)		3	1	2					1	1	59

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Dislocation of elbow "L" (Class XX, Inter. 185A)		3	1	3					1		67
Dislocation of intra-articular cartilage of joint "G" (Class XX, Inter. 185A)		5	6	6					4	1	415
Dislocation of intra-articular cartilage of joint "H" (Class XX, Inter. 185A)		1		1							0
Dislocation of intra-articular cartilage of joint "J" (Class XX, Inter. 185A)	1	2	3	5					1		236
Dislocation of intra-articular cartilage of joint "L" (Class XX, Inter. 185A)	1	14	12	13	2		1	1	10		681
Dislocation of patella "G" (Class XX, Inter. 185A)		2	3	4					1		105
Dislocation of patella "J" (Class XX, Inter. 185A)	1	5	3	4			1		4		108
Dislocation of patella "L" (Class XX, Inter. 185A)		4	1	1			1		3		118
Dislocation of shoulder "G" (Class XX, Inter. 185A)	3	15	4	18			1		2	1	279
Dislocation of shoulder "I" (Class XX, Inter. 185A)		1		1							15
Dislocation of shoulder "J" (Class XX, Inter. 185A)		12	9	13			1		7		166
Dislocation of shoulder "L" (Class XX, Inter. 185A)	2	12	9	18					4	1	358
Dislocation of vertebra "L" (Class XX, Inter. 185A)		1								1	99
Dislocation, unqualified "E" (Class XX, Inter. 185A)			1	1							28
Dislocation, unqualified "F" (Class XX, Inter. 185A)		1	1						2		15
Dislocation, unqualified "G" (Class XX, Inter. 185A)		4		4							99
Dislocation, unqualified "H" (Class XX, Inter. 185A)		1		1							3
Dislocation, unqualified "I" (Class XX, Inter. 185A)		1		1							42
Dislocation, unqualified "J" (Class XX, Inter. 185A)		14	1	14					1		99
Dislocation, unqualified "K" (Class XX, Inter. 185A)			1	1							18
Dislocation, unqualified "L" (Class XX, Inter. 185A)	2	17	1	18	1				1		221
Drowning "A" (Class XX, Inter. 169B)		5				5					0
Drowning "D" (Class XX, Inter. 169B)		68				68					0
Drowning "J" (Class XX, Inter. 169B)		1				1					0
Electric shock, injury from "A" (Class XX, Inter. 181)		2		1		1					10
Electric shock, injury from "L" (Class XX, Inter. 181)		5		4		1					4
Exhaustion from overexertion and overexposure "L" (Class XX, Inter. 177A)		12	5	11	1				5		58
Emphysema, traumatic "L" (Class XX, Inter. 186)		2		2							4
Foreign body, traumatic "E" (Class XX, Inter. 186)		4	1	2			1		1	1	23
Foreign body, traumatic "G" (Class XX, Inter. 186)			1	1							46
Foreign body, traumatic "H" (Class XX, Inter. 186)		7	3	8					2		36
Foreign body, traumatic "L" (Class XX, Inter. 186)		51	12	52	2				8	1	421
Fracture about ankle joint, compound "C" (Class XX, Inter. 185C)			1						1		22
Fracture about ankle joint, compound "H" (Class XX, Inter. 185C)		1	1	1					1		54
Fracture about ankle joint, compound "L" (Class XX, Inter. 185C)		1	1						1	1	118
Fracture about ankle joint, simple "G" (Class XX, Inter. 185C)	4	19	20	20	2		3		15	3	1,718

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Fracture about ankle joint, simple "I" (Class XX, Inter. 185C)		3	4	3					3	1	267
Fracture about ankle joint, simple "J" (Class XX, Inter. 185C)		15	13	17	1		1		8	1	659
Fracture about ankle joint, simple "L" (Class XX, Inter. 185C)	3	13	15	13	2		1		12	3	1,016
Fracture about wrist joint, compound "H" (Class XX, Inter. 185C)			1	1							45
Fracture about wrist joint, simple "G" (Class XX, Inter. 185C)	1	34	15	33	1				14	2	1,135
Fracture about wrist joint, simple "H" (Class XX, Inter. 185C)		7	1	6					2		93
Fracture about wrist joint, simple "I" (Class XX, Inter. 185C)		1								1	25
Fracture about wrist joint, simple "J" (Class XX, Inter. 185C)	2	9	3	12					2		377
Fracture about wrist joint, simple "K" (Class XX, Inter. 185C)	1			1							7
Fracture about wrist joint, simple "L" (Class XX, Inter. 185C)	2	10	3	11			1		2	1	381
Fracture of clavicle, simple "G" (Class XX, Inter. 185C)		18	11	13	3				9	4	674
Fracture of clavicle, simple "H" (Class XX, Inter. 185C)		2	1	1	1				1		37
Fracture of clavicle, simple "J" (Class XX, Inter. 185)	1	9	6	10	1				5		338
Fracture of clavicle, simple "L" (Class XX, Inter. 185C)		6	4	4	1				4	1	224
Fracture of femur, compound "G" (Class XX, Inter. 185C)		1	1						1	1	343
Fracture of femur, compound "L" (Class XX, Inter. 185C)		1	2		1		1		1		21
Fracture of femur, simple "F" (Class XX, Inter. 185C)	1		1		1				1		16
Fracture of femur, simple "G" (Class XX, Inter. 185C)	1	2	6	3			1		4	1	708
Fracture of femur, simple "I" (Class XX, Inter. 185C)		2	1				1		1	1	198
Fracture of femur, simple "J" (Class XX, Inter. 185C)		1		1							127
Fracture of femur, simple "L" (Class XX, Inter. 185C)	1	3	3		1		1		4	1	594
Fracture of forearm, compound "F" (Class XX, Inter. 185C)		1	1						1	1	102
Fracture of forearm, compound "G" (Class XX, Inter. 185C)		3	2	1					4		107
Fracture of forearm, compound "I" (Class XX, Inter. 185C)			2		1				1		32
Fracture of forearm, compound "L" (Class XX, Inter. 185C)			1	1							37
Fracture of forearm, simple "G" (Class XX, Inter. 185C)	3	13	10	8	2				10	6	789
Fracture of forearm, simple "H" (Class XX, Inter. 185C)		5	4	5					3	1	47
Fracture of forearm, simple "I" (Class XX, Inter. 185C)		4	4	2					5	1	191
Fracture of forearm, simple "J" (Class XX, Inter. 185C)	2	7	3	8	1				3		691
Fracture of forearm, simple "L" (Class XX, Inter. 185C)	1	9	10	7	1		2		7	3	1,005
Fracture of humerus, compound "G" (Class XX, Inter. 185C)		1	2	2					1		30
Fracture of humerus, compound "I" (Class XX, Inter. 185C)		2	3	1	1				2	1	239
Fracture of humerus, compound "K" (Class XX, Inter. 185C)			1		1						6
Fracture of humerus, simple "G" (Class XX, Inter. 185C)	1	6	8	7	1				7		363
Fracture of humerus, simple "I" (Class XX, Inter. 185C)		1	1		1				1		7

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Fracture of humerus, simple "J" (Class XX, Inter. 185C)	......	4	2	4	......	......	......	......	2	......	177
Fracture of humerus, simple "L" (Class XX, Inter. 185C)	......	3	6	3	1	......	......	......	5	......	226
Fracture of leg, compound "F" (Class XX, Inter. 185C)	1	......	......	1	......	......	......	......	......	......	141
Fracture of leg, compound "G" (Class XX, Inter. 185C)	......	1	1	......	......	......	......	......	1	1	151
Fracture of leg, compound "I" (Class XX, Inter. 185C)	......	1	3	1	......	......	......	......	2	1	278
Fracture of leg, compound "L" (Class XX, Inter. 185C)	2	3	7	2	2	......	......	......	4	4	873
Fracture of leg, simple "F" (Class XX, Inter. 185C)	2	......	......	1	......	......	......	......	1	......	170
Fracture of leg, simple "G" (Class XX, Inter. 185C)	4	18	21	18	3	......	......	......	14	8	1,903
Fracture of leg, simple "H" (Class XX, Inter. 185C)	......	1	......	......	......	......	......	......	1	......	0
Fracture of leg, simple "I" (Class XX, Inter. 185C)	1	6	9	5	......	......	1	......	7	3	705
Fracture of leg, simple "J" (Class XX, Inter. 185C)	......	7	12	6	2	......	1	......	9	1	425
Fracture of leg, simple "L" (Class XX, Inter. 185C)	4	5	6	4	1	......	1	......	5	4	701
Fracture of maxilla, inferior, compound "G" (Class XX, Inter. 185C)	......	1	2	......	1	......	......	......	1	1	17
Fracture of maxilla, inferior, compound "L" (Class XX, Inter. 185C)	2	7	9	10	1	......	......	......	6	1	646
Fracture of maxilla, inferior, simple "L" (Class XX, Inter. 185C)	2	24	18	19	2	......	......	......	19	4	922
Fracture of patella, simple "G" (Class XX, Inter. 185C)	2	3	2	3	1	......	......	......	2	1	505
Fracture of patella, simple "J" (Class XX, Inter. 185C)	......	1	1	......	1	......	......	......	1	......	3
Fracture of patella, simple "L" (Class XX, Inter. 185C)	......	2	......	1		......	......	......	......	1	85
Fracture of pelvis, simple "G" (Class XX, Inter. 185C)	......	4	3	3	......	......	......	....	3	1	132
Fracture of pelvis, simple "I" (Class XX, Inter. 185C)	......	1	1	......	......	1	......	......	1	......	31
Fracture of rib, simple "G" (Class XX, Inter. 185C)	......	24	16	26	3	......	......	......	11	......	424
racture of rib, simple "I" (Class XX, Inter. 185C)	......	1	3	1	......	......	......	......	3	......	70
racture of rib, simple "J" (Class XX, Inter. 185C)	......	7	3	7	1	......	......	......	2	......	49
racture of rib, simple "L" (Class XX, Inter. 185C)	......	5	2	5	......	......	......	......	2	......	113
racture of skull, compound "B" (Class XX, Inter. 185C)	......	1	1	......	......	......	1	......	1	......	225
racture of skull, compound "G" (Class XX, Inter. 185C)	1	8	4	1	......	7	......	......	5	......	53
racture of skull, compound "H" (Class XX, Inter. 185C)	......	1	......	......	......	......	......	......	1	......	0
racture of skull, compound "I" (Class XX, Inter. 185C)	......	3	1	......	......	2	2	......	......	......	43
racture of skull, compound "L" (Class XX, Inter. 185C)	......	5	9	3	......	2	2	......	5	2	669
racture of skull, simple "B" (Class XX, Inter. 185C)	......	1	......	......	......	1	......	......	......	......	0
racture of skull, simple "F" (Class XX, Inter. 185C)	......	1	......	......	......	1	......	......	......	......	0
racture of skull, simple "G" (Class XX, Inter. 185C)	1	5	5	......	2	5	1	......	3	......	95
racture of skull, simple "I" (Class XX, Inter. 185C)	......	2	......	......	......	......	2	......	......	......	44
racture of skull, simple "L" (Class XX, Inter. 185C)	2	5	3	......	2	1	2	......	3	2	487
racture of vertebra, simple "G" (Class XX, Inter. 185C)	......	1	4	......	......	1	......	......	4	......	55
racture of vertebra, simple "H" (Class XX, Inter. 185C)	......	1	......	......	......	1	......	......	......	......	0
racture of vertebra simple "I" (Class XX, Inter. 185C)	1	1	1	1	......	......	......	......	1	1	434
racture of vertebra, simple "L" (Class XX, Inter. 185C)	......	1	2	......	1	1	......	......	1	......	10

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Fracture, unqualified, compound "B" (Class XX, Inter. 185C)		1		1							32
Fracture, unqualified, compound "G" (Class XX, Inter. 185C)		7	3	5		1			3	1	129
Fracture, unqualified, compound "H" (Class XX, Inter. 185C)	2	13	7	16	1				4	1	584
Fracture, unqualified, compound "I" (Class XX, Inter. 185C)		17	7	13	1				6	4	827
Fracture, unqualified, compound "J" (Class XX, Inter. 185C)		9	2	8					2	1	157
Fracture, unqualified, compound "L" (Class XX, Inter. 185C)	4	16	4	13	3		1		6	1	465
Fracture, unqualified, simple "E" (Class XX, Inter. 185C)		8		3							65
Fracture, unqualified, simple "G" (Class XX, Inter. 185C)	2	47	24	44	2		3		18	6	1,286
Fracture, unqualified, simple "H" (Class XX, Inter. 185C)	1	24	8	24	1				6	2	614
Fracture, unqualified, simple "I" (Class XX, Inter. 185C)	2	48	17	44	1				14	8	1,233
Fracture, unqualified, simple "J" (Class XX, Inter. 185C)	1	87	38	85	7				27	7	1,511
Fracture, unqualified, simple "L" (Class XX, Inter. 185C)	10	202	62	206	5		3		53	7	3,824
Frostbite "L" (Class XX, Inter. 178)		8	2	9					1		59
Heat cramps "L" (Class XX, Inter. 179A)		58	7	59	2				4		167
Heat exhaustion "J" (Class XX, Inter. 179A)		1		1							26
Heat exhaustion "L" (Class XX, Inter. 179A)		53	9	52	3				7		286
Hematoma, traumatic "G" (Class XX, Inter. 186)	1	3	3	5			1		1		135
Hematoma, traumatic "J" (Class XX, Inter. 186)		3	2	3					2		19
Hematoma, traumatic "L" (Class XX, Inter. 186)	1	3		4							101
Hemorrhage into eyeball, traumatic "J" (Class XX, Inter. 186)		1		1							10
Hemorrhage into eyeball, traumatic "L" (Class XX, Inter. 186)		2		2							9
Hemorrhage under conjunctiva, traumatic "L" (Class XX, Inter. 186)	1	4	1	5					1		59
Intracranial injury "B" (Class XX, Inter. 186)		1	1		1				1		3
Intracranial injury "G" (Class XX, Inter 186)	1	16	8	13	2	1			9		147
Intracranial injury "H" (Class XX, Inter. 186)		1	2				1	1	1		23
Intracranial injury "J" (Class XX, Inter. 186)		4	2	4					2		21
Intracranial injury "L" (Class XX, Inter. 186)	1	11	7	11	2				5	1	312
Intraspinal injury "G" (Class XX, Inter. 186)		1		1							18
Multiple injuries, extreme "A" (Class XX, Inter. 186)		1	1			1			1		0
Multiple injuries, extreme "F" (Class XX, Inter. 186)		1								1	11
Multiple injuries, extreme "L" (Class XX, Inter. 186)			1	1							83
Rupture of globe, traumatic "L" (Class XX, Inter. 186)		1	3	1			1		2		154
Rupture of ligament, traumatic "G" (Class XX, Inter. 186)		2		2							13
Rupture of ligament, traumatic "J" (Class XX, Inter. 186)		2	1	2					1		33
Rupture of ligament, traumatic "L" (Class XX, Inter. 186)		2		2							39

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Rupture of muscle, traumatic "G" (Class XX, Inter. 186)		1	3	1					3		21
Rupture of muscle, traumatic "I" (Class XX, Inter. 186)		1		1							24
Rupture of muscle, traumatic "J" (Class XX, Inter. 186)		1							1		0
Rupture of muscle, traumatic "L" (Class XX, Inter. 186)			1							1	10
Rupture of tympanum, traumatic "E" (Class XX, Inter. 186)		3	2	4					1		54
Rupture of tympanum, traumatic "F" (Class XX, Inter. 186		3	1	3					1		26
Rupture of tympanum, traumatic "G" (Class XX, Inter. 186)		1		1							5
Rupture of tympanum, traumatic "H" (Class XX, Inter. 186)		1							1		0
Rupture of tympanum, traumatic "J" (Class XX, Inter. 186)		5	2	6					1		37
Rupture of tympanum, traumatic "L" (Class XX, Inter. 186)		6		6							10
Smoke inhalation "C" (Class XX, Inter. 168B)		5		5							5
prain of joint "G" (Class XX, Inter. 185B)	10	370	62	368	20				45	9	3,441
prain of joint "H" (Class XX, Inter. 185B)		17	7	17	3				4		131
prain of joint "I" (Class XX, Inter. 185B)	1	13	5	14	1				3	1	294
prain of joint "J" (Class XX, Inter. 185B)	7	339	111	352	21		2		76	6	2,756
prain of joint "L" (Class XX, Inter. 185B)	8	290	44	292	11				31	8	2,787
rain of muscle "G" (Class XX, Inter. 186)		22	4	23					3		212
rain of muscle "H" (Class XX, Inter. 186)		1		1							3
rain of muscle "I" (Class XX, Inter. 186)		1		1							4
rain of muscle "J" (Class XX, Inter. 186)	2	51	19	56	2				14		293
rain of muscle "L" (Class XX, Inter. 186)	1	80	21	85	3				13	1	945
rangulation "G" (Class XX, Inter. 186)		1				1					0
ubmersion "A' (Class XX, Inter. 169A)		1		1							1
ubmersion "D' (Class XX, Inter. 169A)		7		4					3		11
ubmersion "G" (Class XX, Inter. 169A)			3	3							41
unburn "J" (Class XX, Inter. 167)		6		6							24
unburn "L" (Class XX, Inter. 167)		39		39							151
unstroke "J" (Class XX, Inter. 179B)		1		1							2
unstroke "L," Class XX, Inter. 179B)		3	1	2	1				1		23
novitis, traumatic "F" (Class XX, Inter. 186)		1	3	1					3		133
novitis, traumatic "G" (Class XX, Inter. 186)	1	25	20	28	3		2		12	1	425
novitis, traumatic "H" (Class XX, Inter. 186)		1		1							1
novitis, traumatic "I" (Class XX, Inter. 186)		4	1	3					1	1	91
novitis, traumatic "J" (Class XX, Inter. 186)	4	19	21	34					10		517
novitis, traumatic "L" (Class XX, Inter. 186)	2	41	9	38	6				8		728
ermic fever "L" (Class XX, Inter. 179A)		15	1	16							33
ound, gunshot, abdominal viscera "B" (Class XX, Inter. 170)		1				1					0

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
DISEASES—Continued.											
Wound, gunshot, abdominal viscera "E" (Class XX, Inter. 170)	1	3	3	1	......	1	3	......	2	......	336
Wound, gunshot, abdominal viscera "K" (Class XX, Inter. 170)	......	1	......	......	......	1	......	......	......	......	1
Wound, gunshot, abdominal viscera "L" (Class XX, Inter. 170)	......	1	......	......	......	......	......	......	1	......	0
Wound, gunshot (main), artery or vein "K" (Class XX, Inter. 170)	......	1	......	......	......	1	......	......	......	......	0
Wound, gunshot, brain "A" (Class XX, Inter. 170)	......	9	1	......	......	9	......	......	1	......	0
Wound, gunshot, brain "K" (Class XX, Inter. 170)	......	6	3	......	......	5	......	......	3	1	179
Wound, gunshot, heart "A" (Class XX, Inter. 170)	......	3	......	......	......	3	......	......	......	......	0
Wound, gunshot, lower limb "E" (Class XX, Inter. 170)	2	19	18	15	1	......	1	......	15	7	868
Wound, gunshot, lower limb "K" (Class XX, Inter. 170)	4	9	25	8	1	......	4	......	21	4	668
Wound, gunshot, lower limb "L" (Class XX, Inter. 170)	......	1	3	1	1	......	......	......	1	1	56
Wound, gunshot, lung "B" (Class XX, Inter. 170)	......	1	......	......	......	1	......	......	......	......	0
Wound, gunshot, lung "E" (Class XX, Inter. 170)	......	2	2	1	......	......	......	......	3	......	30
Wound, gunshot, lung "K" (Class XX, Inter. 170)	1	1	1	......	......	1	1	......	1	......	76
Wound, gunshot, pleura "A" (Class XX, Inter. 170)	......	1	1	1	......	......	......	......	1	......	55
Wound, gunshot, upper limb "B" (Class XX, Inter. 170)	......	1	2	1	......	......	......	......	2	......	35
Wound, gunshot, upper limb "E" (Class XX, Inter. 170)	1	11	9	9	1	......	1	......	7	3	406
Wound, gunshot, upper limb "K" (Class XX, Inter. 170)	3	9	18	9	......	......	2	......	15	4	1,119
Wound, gunshot, upper limb "L" (Class XX, Inter. 170)	......	1	1	1	......	......	......	......	1	......	15
Wound, gunshot, unqualified "A" (Class XX, Inter. 170)	......	2	3	1	......	1	......	......	3	......	94
Wound, gunshot, unqualified "B" (Class XX, Inter. 170)	......	3	2	2	......	......	......	......	3	......	32
Wound, gunshot, unqualified "E" (Class XX, Inter. 170)	......	9	8	6	4	......	......	......	6	1	217
Wound, gunshot, unqualified "F" (Class XX, Inter. 170)	1	2	1	2	......	2	......	......	......	......	19
Wound, gunshot, unqualified "K" (Class XX, Inter. 170)	1	8	7	7	1	......	1	......	6	1	271
Wound, gunshot, unqualified "L" (Class XX, Inter. 170)	......	3	7	3	......	1	......	......	6	......	181
Wound, incised, abdominal viscera "B" (Class XX, Inter. 171)	......	3	1	......	......	3	......	......	1	......	1
Wound, incised, abdominal viscera "L" (Class XX, Inter. 171)	......	1	......	......	......	......	......	......	1	......	0
Wound, incised, lower limb "B" (Class XX, Inter. 171)	......	2	......	2	......	......	......	......	......	......	10
Wound, incised, lower limb "G" (Class XX, Inter. 171)	......	7	1	6	1	......	......	......	1	......	49
Wound, incised, lower limb "H" (Class XX, Inter. 171)	......	3	......	3	......	......	......	......	......	......	13
Wound, incised, lower limb "J" (Class XX, Inter. 171)	......	6	3	7	......	......	......	......	2	......	83
Wound, incised, lower limb "L" (Class XX, Inter. 171)	4	38	9	44	1	......	......	......	6	......	423
Wound, incised, neck "A" (Class XX, Inter. 171)	......	4	1	2	......	1	......	......	2	......	27
Wound, incised, neck "B" (Class XX, Inter. 171)	......	......	1	1	......	......	......	......	......	......	19
Wound, incised, neck "L" (Class XX, Inter. 171)	......	3	1	3	......	......	......	......	1	......	21
Wound, incised, upper limb "A" (Class XX, Inter. 171)	......	1	......	1	......	......	......	......	......	......	1
Wound, incised, upper limb "B" (Class XX, Inter. 171)	......	1	......	......	......	......	......	......	1	......	60
Wound, incised, upper limb "E" (Class XX, Inter. 171)	......	1	......	1	......	......	......	......	......	......	5

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Wound, incised, upper limb "G" (Class XX, Inter. 171)		8		8							72
Wound, incised, upper limb "H" (Class XX, Inter. 171)		13		13							95
Wound, incised, upper limb "I" (Class XX, Inter 171)		4		4							102
Wound, incised, upper limb "L" (Class XX, Inter. 171)	5	121	7	126					6	1	1,131
Wound, incised, unqualified "B" (Class XX, Inter. 171)		6	4	6	1				3		54
Wound, incised, unqualified "G" (Class XX, Inter 171)		16		16							70
Wound, incised, unqualified "H" (Class XX, Inter. 171)	1	6		7							122
Wound, incised, unqualified "J" (Class XX, Inter. 171)		1		1							2
Wound, incised, unqualified "L" (Class XX, Inter. 171)	1	61	5	61				1	4	1	539
Wound, lacerated, abdominal viscera "G" (Class XX, Inter. 186)		1				1					0
Wound, lacerated, abdominal viscera "I" (Class XX, Inter. 186)		2				2					0
Wound, lacerated, abdominal viscera "J" (Class XX, Inter. 186)		1	2		1				1	1	59
Wound, lacerated, abdominal viscera "L" (Class XX, Inter. 186)		2			1	1					0
Wound, lacerated, lower limb "E" (Class XX, Inter. 186)		2		2							11
Wound, lacerated, lower limb "F" (Class XX, Inter. 186)		1	1	1					1		83
Wound, lacerated, lower limb "G" (Class XX, Inter 186)		49	6	49	3				3		548
Wound, lacerated, lower limb "H" (Class XX, Inter. 186)		15	8	16	1				5	1	609
Wound, lacerated, lower limb "I" (Class XX, Inter. 186)	2	12	4	13	1				4		504
Wound, lacerated, lower limb "J" (Class XX, Inter. 186)		14	2	14					2		122
Wound, lacerated, lower limb "L" (Class XX, Inter. 186)	1	66	24	68	1				20	2	1,108
Wound lacerated, neck "L" (Class XX, Inter. 186)	1	3	4	4					3	1	414
Wound, lacerated upper limb "E" (Class XX, Inter. 186)		2	1	2					1		5
Wound, lacerated, upper limb "F" (Class XX, Inter. 186)		1	1	1					1		26
Wound, lacerated, upper limb "G" (Class XX, Inter. 186)		14	3	13	1				3		205
Wound, lacerated, upper limb "H" (Class XX, Inter. 186)	4	97	14	93	1		2		15	4	2,194
Wound, lacerated, upper limb "I" (Class XX, Inter. 186)	1	72	12	74	1		1		7	2	1,375
Wound, lacerated, upper limb "J" (Class XX, Inter. 186)		5		5							36
Wound, lacerated, upper limb "L" (Class XX, Inter. 186)	8	126	19	138			1		12	2	1,776
Wound, lacerated, unqualified "A" (Class XX, Inter. 186)		1	1	1					1		X 74
Wound, lacerated, unqualified "B" (Class XX, Inter. 186)		1		1							2
Wound, lacerated, unqualified "E" (Class XX, Inter. 186)		6		5						1	29
Wound, lacerated, unqualified "F" (Class XX, Inter. 186)		3	3	3	1				2		97
Wound, lacerated, unqualified "G" (Class XX, Inter. 186)		71	17	69	3	1			15		539
Wound, lacerated, unqualified "H" (Class XX, Inter. 186)	2	43	4	45					3	1	655
Wound, lacerated, unqualified "I" (Class XX, Inter. 186)		49	4	51					2		681
Wound, lacerated, unqualified "J" (Class XX, Inter. 186)		14	4	13					5		85
Wound, lacerated, unqualified "L" (Class XX, Inter. 186)	4	176	16	173	3				19	1	1,056
Wound, punctured, lower limb "E" (Class XX, Inter. 171)		1		1							2

TABLE 1.—*Detailed statement of diseases and injuries for the calendar year 1916*—Contd.

Diagnoses.	Rem.	A.	RA.	D.	C	DD.	IS.	R.	T.	Cont.	Days.
INJURIES—Continued.											
Wound, punctured, lower limb "G" (Class XX, Inter. 171)		5		5							38
Wound, punctured, lower limb "H" (Class XX, Inter. 171)		1		1							25
Wound, punctured, lower limb "I" (Class XX, Inter. 171)		1		1							13
Wound, punctured, lower limb "J" (Class XX, Inter. 171)		3		3							15
Wound, punctured, lower limb "L" (Class XX, Inter. 171)		41	7	41					6	1	283
Wound, punctured, neck "L" (Class XX, Inter. 171)		1		1							4
Wound, punctured, pleura "B" (Class XX, Inter. 171)		1	1	1					1		6
Wound, punctured, pleura "L" (Class XX, Inter. 171)		1	1	1					1		338
Wound, punctured, upper limb "G" (Class XX, Inter. 171)		1		1							8
Wound, punctured, upper limb "L" (Class XX, Inter. 171)		18	2	17					2	1	141
Wound, punctured, unqualified "B" (Class XX, Inter. 171)	1			1							1
Wound, punctured, unqualified "G" (Class XX, Inter. 171)		3		3							5
Wound, punctured, unqualified "J" (Class XX, Inter. 171)		1		1							3
Wound, punctured, unqualified "L" (Class XX, Inter. 171)		28	8	25	1				9	1	399
POISONS.											
Botulism "L" (Class XXI, Inter. 164)		2		2							5
Creatoxism "L" (Class XXI, Inter. 164)		3		2	1						10
Insect sting "L" (Class XXI, Inter. 165A)		9		9							57
Poisoning by alcohol "L" (Class XXI, Inter. 164)	8	237	100	237	19	4			79	6	1,497
Poisoning by fish "L" (Class XXI, Inter. 164)		15	1	15					1		54
Poisoning by fish venom "L" (Class XXI, Inter. 165A)		1		1							1
Poisoning by gasoline inhaled "F" (Class XXI, Inter. 168B)		1		1							1
Poisoning by gasoline inhaled "L" (Class XXI, Inter. 168B)		3		3							4
Poisoning by illuminating gas "A" (Class XXI, Inter. 168B)		1	1		1	1					5
Poisoning by illuminating gas "L" (Class XXI, Inter. 168B)	1	8	1	2		7			1		35
Poisoning by lead, acute "L" (Class XXI, Inter. 165B)	9	45	41	62	3				29	1	1,822
Poisoning by lead, chronic "L" (Class XXI, Inter. 57B)	3	20	19	25	3				13	1	671
Poisoning by mercury acute "A" (Class XXI, Inter. 165B)		6	6	5		2			5		104
Poisoning by mercury acute "B" (Class XXI, Inter. 165B)		1							1		6
Poisoning by mercury, acute, "L" (Class XXI, Inter. 165B)	1	11	2	13					1		216
Poisoning by methyl alcohol "L" (Class XXI, Inter. 165B)		2				1			1		0
Poisoning by methyl alcohol vapor "L" (Class XXI, Inter. 168B)			2	1	1						11
Poisoning by opium, acute "L" (Class XXI, Inter. 165B)		2		1		1					1
Poisoning by opium, chronic "L" (Class XXI, Inter. 59)	1	6	1	2			2		2	2	133
Poisoning by phenol "L" (Class XXI, Inter. 165B)		1		1							4
Poisoning by serum "L" (Class XXI, Inter. 165B)		4	1	4					1		13
Poisoning by snake venom "L" (Class XXI, Inter. 165A)		1		1							13
Poisoning by tobacco, chronic "L" (Class XXI, Inter. 59)		2	3	1	2				2		49

TABLE 1—*Detailed statement of diseases and injuries for the calendar year 1916.*—Contd.

DIAGNOSES—Continued.	Rem.	A.	RA.	D.	C.	DD.	IS.	R.	T.	Cont.	Days.
POISONS—Continued.											
Poisoning by turpentine "L" (Class XXI, Inter. 165B)	......	3	......	3	......	......	......	......	......	......	3
Poisoning by zinc "L" (Class XXI, Inter. 165B)	......	2	......	2	......	......	......	......	......	......	12
Poisoning, unqualified "L" (Class XXI, Inter. 165B)	......	100	14	97	3	3	1	......	10	......	284
Totals—											
Diseases	1,870	39,094	19,715	41,855	3,022	164	1,086	59	12,650	1,843	710,391
Wounds, etc	215	5,936	1,640	5,787	258	152	67	4	1,290	233	94,055
Poisons	23	486	192	490	33	19	3	......	146	10	4,505
Grand total	2,108	45,516	21,547	48 132	3,313	335	1,156	63	14,086	2,086	808,951

SUMMARY.

ummary and comparative rates with previous years.	For the year 1916.				Average entire service 10 years, 1906-1915.
	Force afloat.	Stations and yards.	Hospitals.	Entire service.	
verage complement	44,869	21,754	2,671	69,294	58,173
umber of cases treated (Rem, A, and RA)	29,694	22,047	17,430	69,171	51,132
Rate per 1,000 of complement	661.79	1,013.46	....	998.22	878.96
eaths	122	68	145	335	286
Rate per 1,000 of complement	2.74	3.12	....	4.83	4.91
nvalided from service	11	465	680	1,156	1,450
Rate per 1,000 of complement	0.24	21.37	....	16.68	24.92
otal number of sick days	134,449	127,814	546,688	808,951	623,632
Rate per 1,000 of complement	2,996.47	5,875.42	....	11,674.18	10,720.29

TABLE 2.—*Table showing distribution of diseases and injuries among occupational rates, deaths and death rates, invalided from service and invalided rates,*

Class No.	Class.[1]	Officers.		Artificers.				Miscellaneous force.	
		Navy and Marine.	Mid-shipmen.	Elec-tricians.	Engine room.	Fire-room.	All other artifi-cers.	Cleri-cal.	Culi-nary.
	Average complement	4,334	1,230	2,515	3,898	11,072	2,155	1,633	4,053
1	Diseases of blood	9	....	....	2	3	1	....	....
	Rate per 1,000	2.07	....	....	0.51	0.27	0.46	....	....
2	Diseases of circulatory system	10	2	12	23	32	7	7	10
	Rate per 1,000	2.30	1.62	4.77	5.90	2.89	3.24	4.28	2.46
3	Diseases of digestive system	344	346	215	319	1,223	188	138	312
	Rate per 1,000	79.37	281.30	85.48	81.83	110.45	87.23	84.50	76.98
4	Diseases of ductless glands and spleen.	....	....	1	2	6	4	....	1
	Rate per 1,000	....	....	0.39	0.51	0.54	1.85	....	0.24
5	Diseases of ear	19	30	20	29	120	12	12	20
	Rate per 1,000	4.38	24.39	7.95	7.43	10.83	5.56	7.34	4.93
6	Diseases of eye and adnexa	42	63	30	37	84	18	19	23
	Rate per 1,000	9.69	51.21	11.92	9.49	7.58	8.35	11.63	5.67
7	Diseases of genito-urinary system (nonvenereal).	35	8	24	62	161	35	18	39
	Rate per 1,000	8.07	6.50	9.54	15.90	14.54	16.24	11.02	9.62
8	Diseases of infective type (nonvenereal)	455	580	231	297	1,491	203	171	411
	Rate per 1,000	104.98	471.54	91.84	76.19	134.66	94.19	104.71	101.40
9	Diseases of infective type (venereal).	32	1	259	431	2,243	253	179	588
	Rate per 1,000	7.38	0.81	102.98	110.56	202.58	117.40	109.61	145.07
10	Diseases of lymphatic system	9	4	18	27	102	12	3	28
	Rate per 1,000	2.07	3.25	7.15	6.92	9.21	5.56	1.83	6.90
11	Diseases of mind	12	....	10	14	45	3	1	13
	Rate per 1,000	2.76	....	3.97	3.59	4.06	1.39	0.61	3.20
12	Diseases of motor system	27	2	13	24	125	19	9	26
	Rate per 1,000	6.22	1.62	5.16	6.15	11.28	8.81	5.51	6.41
13	Diseases of nervous system	45	21	18	19	69	18	9	15
	Rate per 1,000	10.39	17.07	7.15	4.87	6.23	8.35	5.51	3.70
14	Diseases of respiratory system	136	69	74	80	285	42	52	85
	Rate per 1,000	31.37	56.09	29.42	20.52	25.74	19.48	31.84	20.97
15	Diseases of skin, hair, and nails.	26	33	28	28	127	19	9	23
	Rate per 1,000	5.99	26.82	11.13	7.18	11.47	8.81	5.51	5.67
16	Herniæ	22	2	13	33	61	12	4	23
	Rate per 1,000	5.07	1.62	5.16	8.46	5.50	5.56	2.44	5.67
17	Miscellaneous diseases and conditions.	71	53	19	57	167	34	22	61
	Rate per 1,000	16.38	43.08	7.55	14.62	15.08	15.77	13.47	15.05
18	Parasites	10	14	23	29	115	16	19	60
	Rate per 1,000	2.30	11.38	9.14	7.43	10.38	7.42	11.63	14.80
19	Tumors	6	4	5	10	15	3	1	3
	Rate per 1,000	1.38	3.25	1.98	2.56	1.35	1.39	0.61	0.74
20	Wounds and other injuries	175	244	181	309	1,242	217	78	206
	Rate per 1,000	40.37	189.37	71.96	79.27	112,17	100.69	47.76	50.82
21	Poisons	26	1	9	41	111	29	18	17
	Rate per 1,000	5.99	0.81	3.57	10.51	10.02	13.45	11.02	4.19
22	Totals for all classes	1,511	1,477	1,203	1,873	7,827	1,145	769	1,964
	Rate per 1,000	348.63	1,200.81	478.33	480.50	706.91	531.32	470.91	484.57
23	Deaths	18	2	14	21	58	6	6	25
	Rate per 1,000	4.15	1.62	5.56	5.38	5.23	2.78	3.67	6.16
24	Suicides	3	1	....	....	6	....	2	....
	Rate per 1,000	0.69	0.81	....	....	0.54	....	1.22	....
25	Invalided from service	29	1	27	40	161	23	13	38
	Rate per 1,000	6.69	0.81	10.73	10,26	14.54	10.67	7.96	9.37
26	Total sick days	36,946	9,724	26,817	43,882	138,162	25,083	15,432	44,609
27	Damage[2]	100.94	28.06	93.75	150.37	486.93	83.02	51.65	153.35

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[1] For classes, see table in preface to statistics.

OCCUPATIONAL GROUPS.

groups of the personnel for the calendar year 1916, by classified admissions and admission suicides and suicide rates, sick days, and the computed damage.

Miscellaneous force.				Seaman branch.			Totals for all occupations.					Class No.
Hospital.	Marines.	Musicians.	Prisoners.	Apprentices.	Ordnance.	All other deck.	Number.	Deaths.	Invalided from service.	Sick days.	Damage.²	
1,492	9,965	1,194	518	3,562	2,400	19,273	69,294	....	....	....	....	
....	3	....	1	4	....	6	29	2	1	1,482	5.08	1
....	0.30	....	1.93	1.12	....	0.31	0.41	0.02	0.01	....	....	
4	44	5	6	27	6	49	244	19	66	9,515	68.26	2
2.68	4.41	4.18	11.58	7.57	2 49	2.54	3.52	0.27	0.95	....	....	
195	1,083	127	69	948	118	2,281	7.906	20	34	93,678	282.62	3
130.69	108.68	106.36	133.20	266.14	49.16	118.35	114.09	0.28	.0.49	....	....	
2	2	1	....	3	1	7	30	....	9	2,048	9.75	4
1.34	0.20	0.83	....	0.84	0.41	0.36	0.43	....	0.12	....	....	
9	138	9	10	125	9	183	745	....	96	18,502	98.36	5
6.03	13.84	7.53	19.30	35.09	3.74	9.49	10.75	....	1.38	....	....	
9	88	7	15	82	14	138	669	....	89	13,933	82.41	6
6.03	8.83	5.86	28.95	23.02	5.83	7.15	9.65	....	1.28	....	....	
28	182	10	19	115	32	242	1,010	11	58	22,967	96.70	7
18.76	18.26	8.37	36.67	32.28	13.33	12.55	14.57	0.15	0.83	....	....	
234	2,293	121	60	1,863	156	2,540	11,106	57	105	205,319	722.43	8
156.83	230.10	101.33	115.83	523.02	65.00	131.79	160.27	0.82	1.51	....	....	
86	2,163	122	36	315	162	3,391	10.261	5	89	165,984	546.95	9
57.64	217.05	102.17	69.49	88.43	67.50	175.94	148.07	0.07	1.28	....	....	
12	164	2	4	20	14	161	580	....	2	17,880	49.54	10
8.04	16.45	1.67	7.72	5.61	5.83	8.35	8.37	....	0.02	....	....	
6	59	2	7	32	2	29	235	7	130	18,802	119.62	11
4.02	5.92	1.67	13.51	8.98	0.83	1.50	3.39	0.10	1.87	....	....	
16	170	5	5	63	10	144	658	....	184	18,722	142.96	12
10.72	17.05	4.18	9.65	17.68	4.16	7.47	9.49	....	2.65	....	....	
8	71	8	5	24	10	87	427	9	90	15,916	92.33	13
5.36	7.12	6.70	9.65	6.73	4.16	4.51	6.16	0.12	1.29	....	....	
50	341	22	34	361	43	483	2,157	25	54	42,505	155.28	14
33.51	34.21	18.42	65.63	101.34	17.91	25.06	31.12	0.36	0.77	....	....	
12	171	10	20	79	8	158	751	....	8	14,938	44.62	15
8.04	17.15	8.37	38.61	22.17	3.33	8.19	10.83	....	0.11	....	....	
8	55	7	5	35	13	104	397	....	21	18,126	59.91	16
5.36	5.51	5.86	9.65	9.82	5.41	5.39	5.72	....	0.30	....	....	
22	144	7	7	149	13	154	980	2	44	16,725	68.21	17
14.74	14.45	5.86	13.51	41.83	5.41	7.98	14.14	0.02	0.63	....	....	
6	129	14	10	83	13	265	806	....	3	9,481	27.28	18
4.02	12.94	11.72	19.30	23.30	5.41	13.74	11.63	....	0.04	....	....	
2	24	....	....	3	5	22	103	7	4	3,868	15.76	10
1.34	2.40	....	....	0.84	2.08	1.14	1.48	0.10	0.05	....	....	
64	731	44	18	397	153	1,877	5,936	152	66	94,055	365.75	20
42.89	73.35	36.85	34.74	111.45	63.75	97.39	85.66	2.19	0.95	....	....	
16	91	5	....	6	15	101	486	19	3	4.505	23.04	21
10.72	9.13	4.18	....	1.68	6.24	5.23	7.01	0.27	0.04	....	....	
789	8,146	528	331	4,734	797	12,422	45,516	335	1,156	808,951	2,955.50	22
528,82	817.46	442.21	638.99	1,329.02	332.08	644.52	656.85	4.83	16.68	....	....	
10	47	7	1	12	13	95	335	....	....	....	....	23
6.70	4.71	5.86	1.93	3.36	5.41	4.92	4.83	....	....	....	....	
2	5	....	....	....	....	5	24	....	....	....	....	24
1.34	0.50	....	....	....	....	0.25	0.34	....	....	....	....	
25	292	12	6	267	10	212	1,156	....	....	....	....	25
16.75	29.30	10.05	11.58	74.95	4.16	10.99	16.68	....	....	....	....	
17,684	142,744	9,414	11,307	68,712	21,852	196,583	808,951	....	....	....	....	26
65.80	559.46	35.21	34.89	327.20	71.18	690.42	2,955.50	....	....	....	....	27

Damage is in terms of individuals whose loss of service by sickness, discharge from service, or death uld be represented as continuous throughout the year.

DEATHS.

TABLE 3.—*Casualties in the Navy and Marine Corps during the calendar year 1916.*

Cause.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES.					
Abscess of brain	2		2		
Abscess of kidney, perinephritic	1				1
Abscess of liver	3		2		1
Abscess of lung	1		1		
Abscess, subphrenic	1		1		
Aneurism	2		2		
Apoplexy	1		1		
Appendicitis, acute	6	1	4		1
Appendicitis, chronic	1	1			
Asthma	1				1
Carbuncle	1		1		
Carcinoma	5	1	4		
Cerebro-spinal fever	1		1		
Cirrhosis of liver, atrophic	1		1		
Cirrhosis of liver, hypertrophic	1		1		
Dementia paralytica	5	2	3		
Diabetes mellitus	1		1		
Dilatation, acute cardiac	4		4		
Diphtheria	1		1		
Endocarditis, acute	1		1		
Endocarditis, chronic	3		3		
Erysipelas	3		3		
Heart block	1		1		
Hemoglobinuric fever	1				1
Hemorrhage into cerebrum	1		1		
Hypernephroma	1		1		
Leukemia	2	1	1		
Malaria	1				1
Meningitis, cerebral	3		2		1
Meningitis, cerebro-spinal	2		1		1
Myocarditis, acute	1	1			
Myocarditis, chronic	1		1		
Nephritis, acute	2		2		
Nephritis, chronic interstitial	4		4		
Nephritis, chronic parenchymatous	3		2		1
Obstruction, acute intestinal	2		2		
Pericarditis	1		1		
Peritonitis, acute general	3		2		1
Pleurisy, suppurative	5		5		
Pneumonia, broncho	3		3		
Pneumonia, lobar	15	1	14		
Poliomyelitis, acute anterior	1		1		
Psychosis (exhaustive)	1		1		
Psychosis, due to organic brain disease	1				1
Pyelonephritis	1		1		
Sarcoma	1		1		
Septicemia	5		5		
Shock	1	1			
Smallpox	1				1
Syphilis	5		4		1
Tetanus	3				3
Tuberculosis, abdominal	3		3		
Tuberculosis, acute pneumonic	4		3		1
Tuberculosis, acute pulmonary, miliary	2		2		
Tuberculosis, chronic pulmonary	26		21		5
Tuberculosis of larynx	1		1		
Tuberculosis, unqualified	2		1		1
Tuberculous meningitis	1		1		
Ulcer of duodenum	1		1		
Ulcer of stomach	1		1		
Valvular disease, chronic cardiac	5		5		
Total diseases	164	9	132		23
INJURIES.					
Avulsion of limb "F"	1		1		
Burns, multiple "F"	11		11		
Compression of chest "D"	1		1		
Drowning "A"	5		5		
Drowning "D"	68	1	60		7
Drowning "J"	1		1		

TABLE 3.—*Casualties, in the Navy and Marine Corps during the calendar year 1916*—Continued.

Cause.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
INJURIES—continued.					
Electric shock, injury from "A"	1	1	....	....	....
Electric shock, injury from "L"	1	....	1	....	....
Fracture of pelvis, simple "I"	1	....	1	....	....
Fracture of skull, compound "I"	2	....	1	....	1
Fracture of skull, compound "G"	7	....	7	....	....
Fracture of skull, compound "L"	2	....	1	....	1
Fracture of skull, simple "B"	1	....	....	....	1
Fracture of skull, simple "F"	1	....	1	....	....
Fracture of skull, simple "G"	5	1	3	....	1
Fracture of skull, simple "L"	1	....	1	....	....
Fracture of vertebra, simple "H"	1	....	1	....	....
Fracture of vertebra, simple "G"	1	....	....	....	1
Fracture of vetebra, simple "L"	1	....	1	....	....
Fracture, unqualified, compound "G"	1	....	1	....	....
ntracranial injury "G"	1	....	1	....	....
Multiple injuries, extreme "A"	1	1	....	....	....
trangulation "G"	1	....	1	....	....
Wound, gunshot, abdominal viscera "B"	1	....	1	....	....
Wound, gunshot, abdominal viscera "E"	1	....	1	....	....
Wound, gunshot, abdominal viscera "K"	1	....	1	....	....
Wound, gunshot, of brain "A"	9	1	6	....	2
Wound, gunshot, of brain "K"	5	....	....	2	3
Wound, gunshot, of heart "A"	3	1	....	....	2
Wound, gunshot, of lung "B"	1	....	....	....	1
Wound, gunshot, of lung "K"	1	....	....	....	1
Wound, gunshot, main artery or vein "K"	1	....	....	....	1
Wound, gunshot, unqualified "A"	1	....	1	....	....
Wound, gunshot, unqualified "F"	2	2	....	....	....
Wound, gunshot, unqualified "L"	1	....	1	....	....
Wound, incised, abdominal viscera "B"	3	....	2	....	1
Wound, incised, neck "A"	1	....	1	....	....
Wound, lacerated, abdominal viscera "G"	1	....	1	....	....
Wound, lacerated, abdominal viscera "I"	2	....	2	....	....
Wound, lacerated, abdominal viscera "L"	1	....	1	....	....
Wound, lacerated, unqualified "G"	1	....	1	....	....
Total injuries	152	8	119	2	23
POISONS.					
oison by alcohol "L"	4	1	3	....	....
oison by illuminating gas "A"	1	....	....	....	1
oison by illuminating gas "L"	7	....	7	....	....
oison by mercury, acute "A"	2	....	2	....	....
oison by methyl alcohol "L"	1	....	1	....	....
oison by opium, acute "L"	1	....	....	....	1
oison, unqualified "L"	3	....	3	....	....
Total	19	1	16	....	2
Grand total diseases, injuries, and poisons	335	18	267	2	48

INVALIDATED FROM THE SERVICE.

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1916.*

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES.					
bscess about rectum	1	....	1	....	....
bscess, unqualified	1	....	1	....	....
dhesions about stomach	1	....	1	....	....
dhesions of peritoneum	7	1	4	....	2
lbuminuria	1	....	1	....	....
maurosis	2	....	2	....	....
mblyopia	1	....	....	....	1

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1916*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Amputation stump	3		2		1
Aneurism	1		1		
Ankylosis of joint	9		8		1
Aphasia	1		1		
Appendicitis, chronic	2		1		1
Arterial sclerosis, general	3	3			
Arthritis, acute	1		1		
Arthritis, chronic	9		5		4
Arthritis, deformans	1		1		
Asthma	11		5		6
Astigmatism	9		8		1
Atrophy of muscle	1				1
Atrophy of optic nerve	3		3		
Bromidrosis	1		1		
Bronchitis, chronic	16		15		1
Carcinoma	1		1		
Caries of tooth	4		4		
Carrier, diphtheria bacillus	1				1
Cataract	3		3		
Cellulitis	1		1		
Cerebro-spinal fever	1		1		
Chancroid	1		1		
Chorea	1		1		
Chorea, chronic progressive	1		1		
Choroiditis	2		2		
Cirrhosis of liver, hypertrophic	1		1		
Color blindness	3		3		
Conjunctivitis, chronic	4		3		1
Constipation	1				1
Constitutional inferiority	48		34		14
Constitutional psychopathic state	12		11		1
Contracture of (muscle, fascia, tendon, or sheath)	3		3		
Curvature of spine	2		1		1
Dacryocystitis	1		1		
Deafness	9	1	7		1
Dementia, cause unknown	1		1		
Dementia, paralytica	5	1	3		1
Dementia, præcox	40	1	31		8
Detachment of retina	1				1
Deviation of nasal septum	3		2		1
Diabetes insipidus	3		1		2
Diabetes mellitus	5	3	2		
Dysentery, entamebic	2		2		
Dysentery, unclassified	1			1	
Eczema	2		2		
Endocarditis, acute	2		2		
Endocarditis, chronic	8		6		2
Enteritis, chronic	1		1		
Epididymitis, chronic	1		1		
Epilepsy	39	1	29		9
Epithelioma	1	1			
Erythema scarlatiniforme	1		1		
Eustachian salpingitis, chronic	1		1		
Exophthalmic goiter	3		2		1
Filariasis	1		1		
Fissure of anus	1				1
Fistula in ano	1	1			
Fistula of salivary (gland or duct)	1		1		
Ganglion	1		1		
Gastritis, chronic catarrhal	4		2		2
Gastroptosis	1		1		
Goiter	5		5		
Gonococcus infection of joints	16		13		3
Gonococcus infection of urethra	7		6		1
Gonococcus infection, unqualified	3		2		1
Hammer toe	2				2
Hay-fever	1		1		
Hematuria renal	1		1		
Hemoglobinuria	1		1		
Hemophilia	1		1		
Hemorrhage into retina	1		1		
Hernia, inguinal	20		17		3
Hernia, ventral	1		1		
Hypermetropia	14		14		
Hypertrophy of tonsil	1		1		
Hypochondriasis	1				1
Hysteria	9		5		4

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1916*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—continued.					
Imbecility	2		1		1
Incontinence of urine	12		11		1
Ingrowing nail	1		1		
Insufficiency of ocular muscle	1				1
Iritis	1		1		
Keratitis	1				1
Leukoma	1		1		
Locomotor ataxia	1	1			
Lymphadenitis, chronic	2		2		
Malaria	3				3
Malformations, congenital	3		2		1
Mastoiditis, acute	1		1		
Mastoiditis, chronic	1		1		
Masturbation	1		1		
Myelitis, transverse	1		1		
Myocarditis, chronic	4		3		1
Myopia	20		18		2
Myositis, chronic	2		2		
Nausea marina	2		2		
Necrosis	1		1		
Nephritis, acute	3		3		
Nephritis, chronic interstitial	7	1	6		
Nephritis, chronic parenchymatous	12		10		2
Nephrolithiasis	1	1			
Neurasthenia	19		14		5
Neuritis	5		5		
Neuritis, multiple	1				1
euritis, optic	1		1		
euroretinitis	1		1		
eurosis, intestinal	1		1		
eurosis, occupational	1		1		
eurosis of bladder	16		9		7
eurosis, traumatic	2		2		
o disease	1		1		
bstruction, chronic intestinal	1		1		
steoma	3		3		
steomyelitis, chronic	2		2		
titis, externa	2				2
titis, interna, chronic	5		3		2
titis, media acute	2		2		
titis, media chronic	76	3	59		14
aralysis of nerve	3		2		1
aralysis of ocular muscle	2		2		
aralysis of vocal cords	1				1
aranoia	1		1		
aranoiac state	1				1
eriostitis, chronic	1		1		
es cavus	1		1		
es planus	141		69		72
hlebitis	2				2
eurisy, chronic fibrinous	4		2		2
eurisy, suppurative	3		3		
euritic adhesions	4		2		2
neumonia, interstitial	3		3		
neumonia, lobar	1		1		
esbyopia	1		1		
ychasthenia	10		8		2
ychosis, epileptic	1				1
ychosis (exhaustive, infective, and toxic)	1		1		
ychosis, intoxication	1		1		
ychosis, manic depressive	4		3		1
ychosis, traumatic	2		2		
erygium	1		1		
orrhea alveolar	2		2		
tinitis	5		5		
heumatic fever, acute	1		1		
heumatic fever, subacute	2		2		
heumatism, chronic articular	23	1	17	1	4
heumatism, muscular	4		4		
hinitis, atrophic	1		1		
hinitis, hypertrophic	3		1		2
bility	1		1		
nusitis, ethmoidal	1		1		
nusitis, frontal	2		1		1
mnabulism	4		2		2
asm habit	1		1		
uttering	1				1

TABLE 4.—*Discharged from the service by reason of physical disability during the calendar year 1916*—Continued.

Disability.	Number.	Navy.		Marine.	
		Officers.	Men.	Officers.	Men.
DISEASES—Continued.					
Syphilis	62		49		13
Tachycardia	4		1		3
Talipes	1		1		
Thyroiditis, acute	1		1		
Tonsilitis, chronic	1		1		
Trachoma	9		8		1
Tuberculosis, abdominal	2		2		
Tuberculosis, acute pneumonic	1		1		
Tuberculosis, acute pulmonary miliary	1		1		
Tuberculosis, chronic pulmonary	90	3	63	2	22
Ulcer of skin	3		2		1
Ulcer of stomach	2		1		1
Union of fracture, faulty	3		3		
Valvular disease, chronic cardiac	37	1	33		3
Varicocele	2		1		1
Varix	5		3		2
Total diseases	1,086	24	789	4	269
INJURIES.					
Avulsion, unqualified "H"	2		2		
Contusion "G"	1				1
Dislocation about wrist "L"	1		1		
Dislocation of clavicle "L"	1		1		
Dislocation of intra-articular cartilage of joint "L"	1		1		
Dislocation of patella "J"	1				1
Dislocation of patella "L"	1				1
Dislocation of shoulder "G"	1		1		
Dislocation of shoulder "J"	1		1		
Foreign body traumatic "E"	1				1
Fracture about ankle joint, simple "G"	3		1		2
Fracture about ankle joint, simple "J"	1	1			
Fracture about ankle joint, simple "L"	1		1		
Fracture about wrist joint, simple "L"	1		1		
Fracture of femur, compound "L"	1		1		
Fracture of femur, simple "G"	1				1
Fracture of femur, simple "I"	1		1		
Fracture of femur, simple "L"	1		1		
Fracture of forearm, simple "L"	2		2		
Fracture of leg, simple "I"	1				1
Fracture of leg, simple "J"	1				1
Fracture of leg, simple "L"	1		1		
Fracture of skull, compound "B"	1				1
Fracture of skull, compound "I"	2		2		
Fracture of skull, compound "L"	2		1		1
Fracture of skull, simple "G"	1		1		
Fracture of skull, simple "I"	2		2		
Fracture of skull, simple "L"	2	1	1		
Fracture, unqualified, compound "L"	1		1		
Fracture, unqualified, simple "G"	3		2		1
Fracture, unqualified, simple "L"	3		2		1
Hematoma, traumatic "G"	1		1		
Intracranial injury "H"	1		1		
Rupture of globe "L"	1		1		
Sprain of joint "J"	2		1		1
Synovitis, traumatic "G"	2		1		1
Wound, gunshot, abdominal viscera "E"	3		2		1
Wound, gunshot, lower limb "K"	4				4
Wound, gunshot, lower limb "E"	1		1		
Wound, gunshot, lung "K"	1				1
Wound, gunshot, upper limb "E"	1				1
Wound, gunshot, upper limb "K"	2		1		1
Wound, gunshot, unqualified, "K"	1				1
Wound, lacerated, upper limb "H"	2		1		1
Wound, lacerated, upper limb "I"	1				1
Wound, lacerated, upper limb "L"	1		1		
Total injuries	67	2	38		27
POISONS.					
Poisoning by opium, chronic "L"	2		1		1
Poisoning, unqualified, "L"	1		1		
Total poisons	3		2		1
Grand total diseases, injuries and poisons	1,156	26	829	4	297

TABLE 5.—*Surgical operations for the calendar year 1916.*

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether, with other.	Gas.	Other general.	Local or none.
Abscess (cause, location, and operation not stated)	117										117
Abscess, abdominal, drained			1				1				
Abscess about rectum, incised	13		2	1			4		1		11
Abscess about urethra, incised (died septicemia)		1					1				
Abscess, appendical, incised			2				2				
Abscess of axilla, incised	6						3				3
bscess of brain, trephined (died thrombosis)		1					1				
bscess of buttock, incised	1										1
bscess of kidney, perinephritic:											
Incised	3					1	2				
Nephrectomy				2			2				
bscess of liver, incised (died septicemia)	2	1		2			5				
bscess of mammary gland, excised	1						1				
bscess of neck, incised	1										1
bscess of perineum, incised	2						1				1
bscess of shoulder, excision of scapula	1						1				
bscess of testicle, enucleation	1										1
bscess of thigh, incised	3					1	2				
bscess, peritonsillar, incised	2										2
scess, post-auricular, incised	1		1				1				1
scess, prostate gland, incised	1										1
scess, psoas, incised	1										1
scess, subphrenic, exploration	1						1				
lenoids, adenectomy	39						7		1		31
hesions of peritoneum, broken up or divided	7						7				
nputation stump:											
Reamputation unqualified	2										2
Reamputation of humerus	1						1				
Skin graft			1								1
eurism, excision of radial artery	1										1
gioma:											
Of foot, excised	1										1
Of tongue, cauterized			1				1				
kylosis of joint:											
Of fingers, amputation	2										2
Of knee, multiple incisions			1				1				
pendicitis:											
Appendectomy (died—4 peritonitis, 1 septicemia)	477	5	9	1	16	3	435	57	13		
Exploratory incision (died peritonitis)	1	1					2				
Gastro-enterostomy	1						1				
ophy of testicle, transplantation	2						2				
ulsion of fingers, amputation	2		3				1				4
ulsion of leg, amputation	1							1			
lsion of toes, amputation	1						1				
onocele, excised			1				1				
ns, multiple:											
Plastic repair			1				1				
kin graft	1						1				
itis:											
Elbow, incised	3						1				2
Foot, removed	1										1
Knee, incised	2						1				1
Toes, amputation	2						2				
nqualified, removed or incised	6		1				2				5
lus in bladder, cystotomy	1		2				2	1			
uncle:											
eck, incised	3						3				
nqualified, incised	2							1			1
noma:											
bdominal, exploratory laparotomy				2			2				
olon, resection of colon (died shock)		1					1				
noma, (Continued)											
ancreas, excision				1			1				
tomach, exploratory incision			1					1			
nqualified, anastomosis			1				1				
s of leg, amputation	1						1				
act, excision	1		2								3
itis:											
xillary, incised	1										1
ingers, incised	1										1
oot, incised	2						1				1
orearm, incised			1						1		

TABLE 5.—*Surgical operations for the calendar year 1916*—Continued.

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether, with other.	Gas.	Other general.	Local or none.
Cellulitis—Continued.											
Leg, incised	1										1
Occiput, incised	1		1			1	1				1
Popliteal space, incised			1								
Unqualified, resection	2							1			1
Cholecystitis, cholecystotomy (died abscess of liver)	9	1	3				13				
Cholelithiasis:											
Exploratory incision	3						3				
Removal of gallstones (died shock)	4	1	1	1	1		7	1			
Contracture of tendon:											
Finger amputated	1			1							2
Hand, tenorrhaphy	1										1
Unqualified dissection	1		2				3				
Contusion, thumb amputated			1				1				
Crush of:											
Fingers, amputated	2										2
Foot, skin graft			1								1
Upper limb, repair					1		1				
Cyst of brain, excision			1								1
Cyst of kidney, nephrectomy	2						2				
Cystoma:											
Ear, excised	1										1
Knee, excised	1										1
Neck, excised	8										8
Sacro-coccygeal, excised	1						1				
Thigh, excised	1						1				
Unqualified, removal	35		2		1		4				34
Deformity of fingers, amputation	3										3
Deformity of nose, corrected	1		1				2				
Deviation of nasal septum, resection	112										112
Dilatation of stomach, exploratory laparotomy	2						2				
Dislocation of:											
Cartilage of knee, excised	13		1				11	2			1
Cartilage of elbow, excision			1				1				
Elbow, repair	1		1				2				
Shoulder, plication	1		1				1	1			
Thumb, exploratory incision					1		1				
Vertebra, osteoplasty			1				1				
Dysentery, entamebic, appendicostomy	1						1				
Epididymitis:											
Epididymotomy	3						1	1			1
Incised	3						3				
Vasectomy	1						1				
Epilepsy, decompression	1						1				
Epithelioma:											
Cheek, excised	1										1
Face, excised	1										1
Lip, excised	1										1
Tongue, removed half of tongue				1			1				
Unqualified, excised	2						1				1
Exostosis, os calcis, removal	1		2								3
Fibroma:											
Eye, excised	1										1
Neck, excised	1										1
Scrotum, excised	1						1				
Unqualified, excised	6										6
Fistula:											
Fecal. scar removal	1						1				
In ano, repair	39		4	1	2	2	22	4	7		11
Of urethra, repair	1						1				
Foreign body, traumatic:											
Tibia, removed	1										1
Breast, pin removed	1						1				
Unqualified, removed	3						1				2
Functional derangement of liver, exploratory incision			1				1				
Fractures:											
Ankle joint, simple, nailed			1				1				
Ankle joint, compound, repair			1	1			2				
Clavicle, simple—											
Plating	1		1				2				
Wiring	1						1				
Femur, simple—											
Osteorrhaphy			2	1			3				
Sequestrotomy				1			1				

ABLE 5.—*Surgical operations for the calendar year 1916*—Continued.

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether, with other.	Gas.	Other general.	Local or none.
es—Continued.											
earm, simple, repair	4	....	4	1	1	....	9	....	1	....	....
earm, compound, wired	1	....	....	....	....	....	1	....	....	....	....
earm, radius, simple, plated	1	....	....	1	....	....	2	....	....	....	....
earm, ulna, simple, sutured	1	....	1	....	....	....	2	....	....	....	....
ot. simple, curetted	....	....	....	1	....	....	....	....	1	....	....
ot. toes, simple, amputated	2	....	....	....	....	....	....	....	....	....	2
nd, phalanges, simple—											
Amputation	1	....	....	....	....	....	1	....	....	....	....
Repair	1	....	....	....	....	....	....	....	....	....	1
merus, simple—											
Exploratory incision	....	....	1	....	....	....	1	....	....	....	....
Wire suture	1	....	....	1	....	....	2	....	....	....	....
g, simple, osteoplasty	....	....	1	....	....	....	1	....	....	....	....
g, compound—											
Exploratory incision	....	....	1	....	....	1	....	....	....	....	....
Fragments removed	1	....	1	....	....	....	1	....	....	....	1
g, fibula, simple, repair	1	....	....	....	....	....	1	....	....	....	....
g, tibia, simple, plated	1	....	....	....	....	....	1	....	....	....	....
lvis, simple, laparotomy (died rupture of bladder and septicemia)	....	1	....	....	....	....	1	....	....	....	....
ull, simple, trephined	....	....	....	1	....	1	....	....	....	....	....
ull, compound—											
Decompression (died, 1 respiratory failure, 1 hemorrhage, and 1 cardiac failure)	....	3	....	....	1	1	2	....	....	....	1
Plastic	....	....	2	....	....	....	2	....	....	....	....
Trephined	....	....	6	2	....	2	6	....	....	....	....
ine, vertebra, simple, osteoplasty	....	....	1	....	....	....	1	....	....	....	....
rist joint, repair	2	....	1	....	....	....	3	....	....	....	....
nqualified—											
Bone splinter excised	2	....	....	....	....	....	2	....	....	....	....
Repair	4	....	....	1	....	....	2	....	....	....	3
lon, hand, excised	3	....	....	....	....	....	....	....	....	....	3
ene:											
eg, amputation	1	....	....	....	....	....	1	....	....	....	....
oes—											
Amputation	1	....	....	....	....	....	....	....	....	....	1
Disarticulation	1	....	....	....	....	....	....	....	....	....	1
itis, chronic catarrhal, cholecystotomy	1	....	....	....	....	....	1	....	....	....	....
, excised	9	....	1	2	....	....	11	....	....	....	1
ner toe, amputated	23	....	3	....	....	....	12	5	....	....	9
toma, traumatic, right rectus repaired	1	....	....	....	....	....	1	....	....	....	....
plegia, old, trephining	....	....	1	....	....	....	1	....	....	....	....
orrhoids, removal and repair	210	....	3	....	4	5	135	33	16	....	28
ia:											
pigastric, herniotomy	3	....	....	....	....	....	3	....	....	....	....
emoral, herniotomy	1	....	....	....	....	....	1	....	....	....	....
nguinal, herniotomy (died tetanus)	374	1	....	2	7	1	323	38	19	....	3
f muscle, repair	2	....	....	....	....	....	1	....	....	....	1
mbilical, herniotomy	3	....	....	....	....	....	3	....	....	....	....
entral, herniotomy	20	....	1	....	1	....	21	1	....	....	....
ocele, excision and repair	50	....	1	....	1	....	39	2	4	....	7
rtrophy of mammary gland, excision of breast	2	....	....	....	....	2	....	....	....	....	....
rtrophy of turbinate, snared and resected	7	....	....	....	....	....	....	....	....	....	7
ospadias, repair	1	....	....	....	....	....	....	....	....	....	1
ions, miscellaneous, condition unknown	73	....	....	....	....	....	....	....	....	....	73
owing toenails, removed	84	....	....	....	....	....	....	....	....	....	84
cranial injury:											
Exploratory incision	....	....	....	....	1	....	1	....	....	....	....
Trephined (died shock)	1	1	....	....	....	....	2	....	....	....	....
temia, exploratory incision	....	....	....	1	....	....	1	....	....	....	....
oma:											
Back, removed	2	....	....	....	....	....	1	....	....	....	1
Shoulder, excised	2	....	....	....	....	....	....	....	....	....	2
Unqualified, excised	2	....	....	....	....	....	....	....	....	....	2
e body in knee joint, removed	4	....	....	....	....	....	4	....	....	....	....
phadenitis:											
Cervical glands, adenectomy	2	....	....	....	....	....	2	....	....	....	....
Submaxillary glands, excised	1	....	....	....	....	....	1	....	....	....	....
Unqualified glands, excised and incised	141	....	5	2	2	....	52	1	13	....	84
aphoma, foot, tumor removed	1	....	....	....	....	....	....	....	....	....	1
formations, unqualified, dissection	1	....	....	....	....	....	1	....	....	....	....
toiditis, curetted, radical, and trephining	16	....	2	5	2	....	21	2	....	1	1
ingitis, cerebral, exploratory incision (died pticemia)	....	1	....	....	....	....	1	....	....	....	....

TABLE 5.—*Surgical operations for the calendar year 1916*—Continued.

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether, with other.	Gas.	Other general.	Local or none.
Multiple injuries, extreme, repair of kidney	1						1				
Myositis, lumbar, incision	1						1				
Necrosis:											
Fingers, amputation	3						1		1		1
Frontal bone, curetted			1								1
Hand, incised			2						2		
Leg, incised			1								1
Tibia, sequestrotomy	1						1				
Toes, amputation	2						2				
Unqualified—											
Amputation	2		1						2		1
Curetted			5				2		1		2
Nephrolithiasis, nephrectomy	1						1				
Obstruction, intestinal:											
Cecostomy	1						1				
Exploratory laparotomy	1		4			1	3	1			
Occlusion of uretha, urethrotomy	1							1			
Orchitis, orchidectomy	1							1			
Osteoma:											
Humerus, removal	1						1				
Malleolus, removal	1						1				
Os calcis, removal	2						2				
Tibia, excision	1						1				
Unqualified, osteotomy	2						1				1
Osteomyelitis, unqualified, osteotomy	2		2				3				1
Otitis, tympanum perforations	12			1					1		12
Pachymeningitis, cerebral, craniotomy				1			1				
Panophthalmitis, evisceration			1								1
Papilloma, removed	2										2
Paralysis of nerve:											
Eyelid, plastic	1							1			
Unqualified, dissected				1			1				
Periostitis, tibia, curetted			1				1				
Toe—											
Amputation	1										1
Curetted	1						1				
Peritonitis, laparotomy	1	1	1				2		1		
Phimosis:											
Circumcision	173										173
Incision for	8										8
Pleurisy, aspiration	11		7		2						20
Pleurisy, suppurative:											
Rib resection (died 2 septicemia)	18	2	9	1	1	1	16		1		13
Thoracotomy	1		2				2				1
Polypus, nasal, removed	5						1				4
Prolapse of rectum, repair	1						1				
Prostatitis, prostatectomy	1						1				
Pterygium, excision	20										20
Pyelonephritis, exploratory laparotomy			1		1		2				
Redundant prepuce, circumcision	119										119
Redundant scrotum:											
Partial amputation	1						1				
Plastic repair	2				1		2				1
Rupture of bladder, exploratory laparotomy (died, 2 peritonitis)		2				1		1			
Rupture of globe, enucleation	1						1				
Sarcoma, foot, removal			1								1
Scars:											
Appendectomy, removed	1										1
Facial, plastic repair			1								1
Foot, toes amputated			1				1				
Unqualified, excised	7				1		3	2			3
Sinus:											
Bronchial, incised	2			1			1				2
Inguinal, excised	1		1						1		1
Leg, curetted	1								1		
Rectal, incised	1								1		
Unqualified, excised	1		2				3				
Sinusitis, frontal:											
Trephining	2		2			1	3				
Turbinectomy	1										1
Sinusitis, maxillary:											
Excavation of antrum	2						1				1
Incision	1						1				
Trephining			1				1				

TABLE 5.—*Surgical operations for the calendar year 1916*—Continued.

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether with other.	Gas.	Other general.	Local or none.
graft, unqualified	1					1					
in of joint, excision of cartilage	1						1				
ture of esophagus, gastrostomy			1				1				
ture of urethra, urethrotomy	1		1				2				
vitis:											
Hand, incised	1								1		
Jnqualified, incised	1						1				
ilis, exploratory laparotomy				1			1				
lon adhesions, metacarpal, broken up			1								1
lons severed, exploratory incision	1										1
ilitis, tonsillectomies and incisions	433										433
rcular peritonitis, laparotomy (died, 2 peritis, 2 shock)		4	1				3	1			1
rculosis, abdominal:											
Appendectomy				1			1				
Exploratory laparotomy (died, ulcer of intestine)		1					1				
rculosis, inguinal glands, excised	1					1					
rculosis, ankle joint, foot amputation	1						1				
rculosis, knee joint, leg amputation			1				1				
rculosis, wrist joint, hand amputated	1								1		
rculosis of joint, unqualified, incised			2				2				
rculosis of neck, sinus excision	1						1				
rculosis of spine, excision of lumbar sinus			1				1				
rculosis of testicle, orchidectomy	2						2				
rculosis of trochanter, curetted				1			1				
or, breast, excised	3						2	1			
or, hand, excised	1										1
r of duodenum:											
Excision	2						1	1			
Gastroenterostomy	2						1	1			
r of eye, curetted	1										1
r of mouth, excised				1							1
r of rectum, exploratory incision	1				1	2					
r of skin, skin graft	1		1				2				
r of stomach:											
Enteroenterostomy	2						2				
Excision (died hemorrhage)		1	1				2				
Exploratory incision	1						1				
Gastroenterostomy	6		1				7				
Repair of perforation	1						1				
on of fracture, faulty:											
Fingers, amputated	1										1
Toes, amputated	1										1
Unqualified, repair	2		1				3				
cocele, excision and ligation	179				2		133	18	2		28
x, excision and ligation	51		4		3		26	7			25
nd, gunshot:											
Abdomen (died hemorrhage) exploratory laparotomy		1					1				
Arm—											
Bullet removed	1				1		1				1
Bullet removed and bone plate					1		1				
Brain—											
Bullet removed	1										1
Osteoplastic flap					1		1				
Fingers, plastic repair			1				1				
Hand—											
Bullet removed	1										1
Hand amputated	1										1
Intestines, small, laparotomy (died, shock and hemorrhage)		1					1				
Leg, lead fragments removed	1						1				
Neck, bullet removed	1										1
Thigh—											
Amputation					1		1				
Bullet removed	2						2				
Upper limb, unqualified—											
Bullet removed	2							1			1
Curetted			1				1				
und, incised:											
Abdomen (died shock), exploratory laparotomy	1	1					1	1			
Hand, tendon sutured	2						1				1

TABLE 5.—*Surgical operations for the calendar year 1916*—Continued.

Operation.	Result.					Anesthetic employed.					
	Cured.	Died.	Improved.	Unimproved.	Transferred.	Chloroform.	Ether.	Ether, with other.	Gas.	Other general.	Local or none.
Wound, incised—Continued.											
Upper limb, unqualified, amputation			1				1				
Unqualified, repair	2						1				1
Tendon sutured	1										1
Wound, lacerated:											
Arm, biceps sutured	1						1				
Eye, iridectomy					1						1
Fingers, amputated	21		5		3		10		2		17
Foot, excision of bone	1						1				
Knee, sutured	1						1				
Neck—											
Repair			1	1	1		3				
Repair of facial nerve				1			1				
Thumb, tendons sutured	2							1			1
Toe, amputated	1										1
Upper limb, unqualified—											
Amputated	1						1				
Repair	4			1			4				1
Unqualified, sutured	1										1
Total operations (3,553)	3,239	33	170	48	63	29	1,601	192	95	1	1,635

TABLE 6.—*Dental operations for the calendar year 1916.*

Operation or treatment.	Number of cases.	Operation or treatment.	Number of cases.
Fillings:		Impacted teeth:	
Amalgam, ordinary	14,378	Corrected	153
Amalgam, built on post	105	Extracted	131
Cement, permanent	4,148	Inlays:	
Cement, synthetic	2,279	Removed (gold or porcelain)	22
Cement, temporary	833	Recemented (gold or porcelain)	44
Gutta-percha, permanent	545	Maxillæ treated:	
Gutta-percha, temporary	4,588	Fractured	28
Other than listed	382	Necrosed	41
Abscess:		Prophylaxis:	
Acute and blind, lanced	504	Calculus removed (sets)	3,583
Acute and blind, root opening	347	Cleaned and polished (sets)	3,021
Chronic and fistulous treated	254	Pulps:	
Bridge:		Exposed and extirpated	2,415
New	38	Exposed and devitalized	1,990
Removed	88	Putrescent	1,539
Recemented	133	Roots:	
Crown:		Canals filled	5,670
Gold, removed	140	Canals treated	6,608
Gold, recemented	139	Porcelain crowns (incisor)	137
Gold, new	82	Porcelain crowns (bicuspid)	53
Porcelain, new	48	Extracted	6,120
Porcelain, removed	43	Teeth extracted (other than roots)	1,034
Porcelain, recemented	102	Plates, new	4
Gums treated:		Treatment (other than listed)	486
Gingivitis	564		
Pyorrhea	555	Total operations	64,168
Other local inflammation	794		

LE 7.—*Recruiting statistics, Navy and Marine Corps, for the calendar year 1916.*

Character.	Navy.		Marine Corps.			Naval reserve.	For civilian cruise.
	Original.	Reenlistment.	Original	Reenlistment.	Accepted applicants.		
applicants	76,727	7,215	37,205	1,020	5,576	973	2,808
enlisted	14,727	6,606	4,888	908	4,479	864	2,237
ined by medical officer	61,855	7,188	20,737	1,009	4,972	947	2,750
ted by medical officer	38,845	407	12,322	96	613	87	237
of rejection by medical officer:							
lcoholic	164	5	94	1			
eformities	2,822	21	731	1	18	7	10
rug addict	6		9				
ar—							
Defective hearing	574	27	250	7	14	7	13
Other auditory diseases	439	12	113	1	43	2	5
ye—							
Color blind	1,352	7	363		22	2	11
Defective refraction	5,360	79	1,537	16	13	20	68
Other visual diseases	678	15	162		23	2	7
brile conditions	379	1	2		1		
at and weak feet	3,534	21	1,494	2	64	3	5
nito-urinary, nonvenereal	478	2	70	1	14		
nito-urinary, venereal	914	32	433	9	40	2	1
ands enlarged	53	3	3		1		
iter or tendency to	232	3	62	1	2		
owths (cysts, tumors, etc.)	27		2				
art affections	1,439	16	863	5	35	5	29
ight, over	18		18		1		1
ight, under	1,623	5	501		3		
ight and weight, under	907	1	14				
morrhoids	529	13	164		14		4
rnia or tendency to	794	12	518	1	42	7	17
estinal parasites	53		1				
ntal disorders	231	2	71		19		1
sal abnormalities	260	2	216		1		
rvous conditions—							
Epilepsy	13		4		2		
Other	32	1	2				
or physique	862	1	771	1	2		6
orrhœa	888	1	8				
spiratory tract, catarrhal conditions	96	2	5		2		
n diseases	791	5	303	6	5	4	2
ech defective	113	1	19		2	3	
tooing objectionable	19		1				
th defective	3,935	32	943	8	18	3	9
nsillar conditions	526	3	62		8		
erculosis or suspects	657	17	252	3	30	2	10
icocele or varicose veins	2,331	14	774	5	61	3	16
ight, over	23		23				
ight, under	4,507	33	890	10	101	7	10
other causes	1,186	18	974	18	12	8	12

FINANCIAL.

8.—*Statement of total cost of maintenance and of average cost per diem for maintenance and subsistence at naval hospitals for the fiscal year 1917.*

Hospital at—	Total cost of maintenance.	Subsistence.	Maintenance.	Subsistence per diem
		Days.		
lis, Md	$54,808.12	35,185	$1.557	$0.708
, P. I	70,878.35	53,611	1.322	.5616
Mass	91,561.01	74,821	1.223	.559
akes, Ill	71,392.62	67,085	1.0642	.5315
	27,231.68	17,821	1.525	.765
on, Colo	165,146.76	133,150	1.2403	.54
and, Cal	139,027.44	148,884	.933	.48512
nsett Bay, R. I	81,897.02	82,466	.9931	.515
rk, N. Y	138,175.50	104,998	1.3159	.5134
Va	196,874.21	182,693	1.077	.526
o, P. I	29,300.50	37,703	.777	.555
phia, Pa	99,950.52	92,981	1.075	.50
ral, S. C	14,503.03	19,605	.73971	.45527
uth, N. H	45,138.37	38,131	1.183	.656
und, Wash	37,996.49	36,227	1.048	.5143
ton, D. C	100,013.87	75,575	1.323	.659
na, Japan	6,522.55	4,435	1.47	.435

TABLE 9.—*Statement of the activities of naval medical supply depots.*

	Number of requisitions.	Value of requisitions filled.
New York, N. Y.	1,840	$524,693.79
Mare Island, Cal	382	54,786.41
Canacao, P. I	141	11,697.17

TABLE 10.—*Statement of the naval hospital fund.*

The condition of the fund is as follows:

Balance on hand July 1, 1916	$422,527.88
Transferred to credit since July 1, 1916	992,309.73
Total	1,414,837.61
Expended since July 1, 1916	1,187,194.35
Balance on hand June 30, 1917	227,643.26

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